

1 floor
cage

BILLING CARD

Non-Ac-Room (4)

Patient Name

IP No.

Room No.

Mrs. EZHILARASI
35/Female/VHC202475678
07/10/2024 IPC2024092794
Dr. SASTKALA



D.O.A. 7/10/24 Time 7:09 PM

Rent Per Day 1880/-

TRANSFER DETAILS

Date	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 8/10/24	OT No.	: OT-II
Surgeon	: Dr. Sasikala	Start Time	: 8.00 AM
I Asst. Surgeon	: -	End Time	: 8.30 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Bani Keemari	C-Arm	: -
OT Nurse	: Pooja, Bani	Arthroscopy	: -
Name of Surgery	: LSCS & ST	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: 1 amp used
		Others	: -

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

7/10/24

CTBT

due

2A12561

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

9/10/24

1. Kethika - PT

101 10124

Kanthika - PT

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

1	1	10
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d/reshy (D)