

10.50 AM

I Floor Single Room
Non A/C

(7)

BILLING CARD

Patient Name **Mrs. PARIMALA**
49/Female/MHC202476201
IP No. **14/10/2024/IPC2024002852**
Room No. **Dr. SASIKALA / Dr. SASIKALA**

D.O.A. **14.10.24** Time **02:07 PM**

Rent Per Day **1850/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 15/10/24	OT No.	:
Surgeon	: DR. SASIKALA	Start Time	: ①
I Asst. Surgeon	:	End Time	: 8.15 AM
II Asst. Surgeon	: DR. VALLI	Dis. Pack	: 9.30 AM
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. RAVI KUMAR	C-Arm	:
OT Nurse	: YOGA	Arthroscopy	:
Name of Surgery	: TCH & BSO	Laproscopy	:
		Sevoflurane / Isoflurane	: 1000
		Inj. Fentanyl	: 10ml / Inj. Morphine DANP
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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 :

Date	LABORATORY
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[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
14.10.21	2. Pay. Chest PA view			Date	29.21		
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS