

BILLING CARD

2 Floor

(non AC)

Patient Name

Mrs.KALAIMATHIM

IP No.

27/Female/MHC202476402

Room No.

17/10-2024/IPC2024002880

Dr.MALINI /

D.O.A. 17/10/24 Time 9.15 AM

Rent Per Day 1,850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 17/10/24	OT No.	: II
Surgeon	: Dr. malini	Start Time	: 2.00 PM
I Asst. Surgeon	: -	End Time	: 2.30 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Ravi kumar	C-Arm	: -
OT Nurse	: Regina	Arthroscopy	: -
Name of Surgery	: D/c	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine (Camp)
		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 :

[illegible]

[illegible][illegible][illegible][illegible][illegible]