II Floor

# BILLING CARD

CASH

57

Patient Name Master.BHUVANESH
5/Male/MHC202400654

IP No. 22/03/2024/IPC2024000898

Room No. Dr.ARAVINDH RAJHA P.S

D.O.A. 22/3/24 Time 12.15 PM

Rent Per Day 1,200/-

## TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 22/3/24 | 4.30pm | Children ward (6) | A/C room 57 | |
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## OPERATION THEA TRE

| | | | |
|---|---|---|---|
| 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 | : |

## MONITOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| Dr. Aravinth Rajaram | 22.3.24 | 23.3.24 | 24/3/24. | | | | |
| Dr. OVJ (Anes) | 22.3.24 | | | | | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : Nil<br>BILL CLEARED :<br>RETURNS CHECKED : | Nil |

Other Procedures : (specify) :-

Nil

Discharge on 24/3/24 at 1.00pm

## RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER

## CBG

## CBG

| Date | PHYSIOTHERAPY |
|---|---|

## NEBULIZER

| | |
|---|---|
| 23/3/24 | 4+1+0 |
| 24/3/24 | ✓ |

## NEBULIZER

## OPERATION THEA TRE

| | | | |
|---|---|---|---|
| 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 |
|---|---|
| 22/3/24 | Urine Culture 42 tb . |