

11 floor

12/11/24

BILLING CARD

Patient Name **Mr. ARUN KUMAR**
30 / Male / MHC202401647
IP No. **10/01/2024 / IPC 2024000088**
Room No. **Dr. ARAVIND KUMAR**

D.O.A. **10/01/24** Time **22:48 pm**

Cash

Rent Per Day **1500**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : 10/01/24	OT No. : 01
Surgeon : Dr. Aravindh Kumar	Start Time : 11:00pm
I Asst. Surgeon : -	End Time : 11:15pm
II Asst. Surgeon : -	Dis. Pack : -
III Asst. Surgeon : -	Diathermy : -
Anaesthetist : Dr. Arthi	C-Arm : -
OT Nurse : YOGA	Arthroscopy : -
Name of Surgery : (R) Close Reduction	Laproscopy : -
	Sevoflurane / Isoflurane : -
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	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

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

10/1/84 CBC, PBS, RFT - 00411

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
11/1/24	Rt. Shoulder			DVA	J. J. M.		
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS