

D.O.A! 14/1/24 at 2.10pm
D.O.D! 15/1/24 at 3.30pm.

II FLOOR (100 STEP-DOWN)



BILLING CARD

CASH

Patient Name

Mrs. MALATHI S

48/Female/MHC202401839

14/01/2024/IPC2024000117

IP No.

Dr. ARTHI

Room No.



D.O.A. 14/1/24 Time 2.10 PM

Rent Per Day 4.000

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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 : 2ml 10ml/Inj. Morphine	:
		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

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

12/1/24

ECN } (1)
chest } 0609.

due

K. Gyötha
Szék

CBG

ABG

ACT

DATE

NUMBERS

DATE _____

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DATE _____

NUMBERS

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NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS	
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DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

OPERATION THEATRE

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I Asst. Surgeon :	End Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

[illegible]