

# BILLING CARD

Mr. MURUGESAN

75 / Male / MHC202402537

16/01/2024 / IPC2024000137

Dr. ARTHI



Patient Name

IP No.

Room No.

Gen. ward 59

D.O.A. 16/01/24 Time 10:26pm

Rent Per Day 1500/-

## RANSFER 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 |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
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|      |       |      |            |
|      |       |      |            |

## ALPHA BED

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## SCD PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## VENTILATOR

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

[illegible]





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

16/1/24  
16/1/24

ECN (1) }  
chest } 00681

due  
due

K. Scott Co  
Troy, OH

**CBG**

## ABG

## ACT

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

Date \_\_\_\_\_

## PHYSIOTHERAPY

NEBULIZER

## OTHERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

|        |     |
|--------|-----|
| 171124 | 171 |
|--------|-----|

181124 171