

BILLING CARD

DATE ADM 18/1/24
Date: 24/1/24
AS 6pm

Patient Name: Ms. RASIKA P
25/Female/MHC202402785
18/01/2024/IPC2024000154
IP No. _____
Room No. _____

Dr. HARI KRISHNAN



13 G/W
CASH

D.O.A. 18/01/24 Time 3:19 PM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
22/1/24	9:30pm	1st Floor 1212	2nd Floor 59(3)	Dr. P.
22/1/24	11:00pm	59(2)	ICU (ward RENT)	J.K.
23/1/24	6pm	ICU - 10. (59)	2nd Floor 59(3)	

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

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