

1st floor

ST ICU

BILLING CARD

CASH



Mrs. VEDHAVALLI

Patient Name 46/Female/MHC202403318

D.O.A. 22/1/24 Time 3.42 AM

IP No. 22/01/2024/IPC2024000193

Dr. ARTHI

Room No. _____

Rent Per Day 4500/-



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

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

[illegible]

PHARMACY	AMBULANCE
OT DRUGS REPLACED : NIL	NIL
BILL CLEARED : NIL	
RETURNS CHECKED : NIL	

CROSS MATCHING : NIL

RESERVATION OF BLOOD : NIL

STERILE TRAY USED : NIL

TRANFUSION (BLOOD) NIL

ATTENDER'S HOLDING : NIL

OTHER PROCEDURES :

patient stay in S7 1w ward Rent
D.O.A :- 22/11/24 at 3.43am

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
02/1/24	CBC, RBS, RFT, LFT, electrolytes - 0910
22/1/24	urine complete, urine cl - 0933

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

22/01/24	Can Do Abdomen ent (0911)	Due	Sh
2-1-16	2000		

22/1/24	BLCT - 0933
---------	-------------

22/1/21	USG - Abdomen/00941	Due	Dr. Ameer Gossian
---------	---------------------	-----	-------------------

CBG

DATE _____

NUMBERS

DATE _____

NUMBERS

ABG

DATE _____

NUMBERS

DATE _____

ACT

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

DATE _____

NUMBERS

DATE _____

NUMBERS

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS