

11 FLOOR

BILLING CARD



Mrs. HEMALATHA V

Patient Name

25/Female/MHC202403671

IP No.

24/01/2024/IPC2024000227

Room No. G

Dr. ARTHI

57 NOW P/L
CASH

D.O.A 24/1/24 Time 06:51 PM

Rent Per Day 1850/-



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]

OPERATION THEATRE

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

[illegible]

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

24/1/24 ECG - 1076 due Kaasi

CBG

DATE NUMBERS DATE NUMBERS

ABG

DATE NUMBERS

ACT

DATE NUMBERS

PHYSIOTHERAPY

Date

NEBULIZER

DATE NUMBERS DATE NUMBERS

OTHERS

DATE NUMBERS DATE NUMBERS