

II FLOOR BILLING CARD



Mr. AATHIAPPAN

52/Male/MHC202403699

24/01/2024/IPC2024000222

Dr. ARTHI



Patient Name

IP No.

Room No.

59 G/W

CASH

D.O.A 24/01/24 Time 1.24pm

Rent Per Day 1500/-

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

OPERATION THEATRE

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

24/1/24 RBS, RFT, LFT, Electrolytes / 1052.

25/1/24 CBC - 1095

25/1/24 Lepto IgM - 1184

26/1/24 CBC - 1163

26/1/24 Stool IgM - 1171.

