

BILLING CARD

Patient Name

Mr. ABISHEK

22/Male/MHC202403770

24/01/2024/IPC2024000230

IP No.

Dr. ARTHI

Room No.



D.O.A. 24/1/24 Time 8:37 pm

Rent Per Day

5700/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
26/1/24	8pm	ICU to	step down	<u>408</u>
27/1/24	6pm	step down	59 (ward)	R. Neelgela

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
24/1/24	10.00pm	25/1/24	8pm

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

Date

LABORATORY

24/1/24 CBC, RFT, LFT, RBS, Electrolytes, BT, CT, Blood Group & Type - 01070

25/1/24 Urine Complete - 01108

26/1/24 LFT - 1166

26/1/24 PTINR, APTT - 01167

27/1/24 CBC, RFT, LFT - 1209

28/1/24 LFT - 1212

[illegible]