

100 -

BILLING CARD

Patient Name MR

IP No. _____

Room No. _____

Mrs. VALLIAMMAL
81/Female/MHC202404012
26/01/2024/IPC2024000254
Dr. ARTHI


81/F.

D.O.A. 26/1/24 Time 11:41 AM

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

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]

OT. No. _____ :

Start Time :

End Time _____

Dis. Pack

Diathermy

C-Arm

Arthroscopy

Laparoscopy

Sevoflurane / Isoflurane

Inj. Fentanyl	
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Others	
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Date	LABORATORY	
06/11/24	CBC, RBS, RFT, electrolytes, HBAIC	1185
24/1/24	FBS, urine P/B - 1211	

06	11	94
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CBC, RBS, RFT, electrolytes, HBAIC

1185

281, 2m

FBS, Urine FBZ - 12/11

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

ECC
chest

1186

Due

Shayla

~~CBG~~

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

261, 124

141

27.1 km

1