

DOA : 26/1/24 at: 2.00 pm
DOD : 26/1/24 at: 6.00 pm

II Floor



Mr. PARTHIPAN
Mr. PARTHIPAN
20/Male/MHC202404036
26/01/2024/IPC2024000256
Dr. ARTHI

BILLING CARD

Cash

D.O.A. 26/1/24 Time 2:38 pm

Patient Name _____

IP No. _____

Room No. _____

Gen. Ward - 59
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

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

OPERATION	
Date :	OT. No. :
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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 :

LABORATORY

[illegible]

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

26/1/24

Phandap/lt

dia

Shingla

1194

NBS

CBG

DATE

NUMBERS

DATE

NUMBERS

ABG

DATE

NUMBERS

DATE

ACT

NUMBERS

Date

PHYSIOTHERAPY

NEBULIZER

DATE

NUMBERS

DATE

NUMBERS

OTHERS

DATE

NUMBERS

DATE

NUMBERS