

Doc: 1/2/24 at: 10.05 Am

Doc: 2/2/24 at: 12.00 pm

II Floor (R/W)

BILLING CARD

CASH

Patient Name

Mr. KIRUBAKARAN

D.O.A. 1/2/24 Time 10.05 PM

IP No.

21/Male/MHC202404893

01/02/2024/IPC2024000337

Room No.

Dr. ARTHI

Rent Per Day 1,500/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 1/02/24	OT No.	: ①
Surgeon	: DR. ARAVIND KUMAR	Start Time	: 4.00 pm
I Asst. Surgeon	: —	End Time	: 4.30 pm
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: —	C-Arm	: used,
OT Nurse	: YOGA	Arthroscopy	: —
Name of Surgery	: ① LITTLE FINGER	Laproscopy	: —
	: K - WIRE FIXATION	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

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 :
	Others :

[illegible]

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

1 | 2 | 3 | 4

11.) hand Ar 10Bq

due

→ 1566

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS