

DOB: 1/2/24 at 4.52PM

I-floor

Re. 3-10 Pm

DOB: 3/2/24 at 4PM

cash. 100.



BILLING CARD

Patient Name _____

D.O.A. 3/2/24 Time 04:52 PM

IP No. _____

Room No. _____

Rent Per Day 1500/-

Mr. SUNDARESAN
43/Male/MHC202404961
01/02/2024/IPC2024000342
Dr. ARTHI

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 : <i>RM</i>
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]

LABORATORY

CBC, RBS, RFT, LFT, electrolyte

-1556

Udine R/E - 01568

~~FBS, HBA, C - 01621.~~

PPBS / 1628

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 : <i>not</i>
	Inj. Fentanyl :
	Others :

LABORATORY

1/2/24	CBC, RBS, RFT, LFT, electrolysis	-1556
1/2/24	Urine R/E - 01568	
3/2/24	FBS, HbA1c - 01621.	
3/2/24	PPBS - 1628	