

Doc: 9/2/24 at: 12.12 AM
DOD: 11/2/24 at: 12.00 PM

ES

10 Floor

(Children ward)

Re: 12.25 PM



BILLING CARD

CASH

Patient Name **Child.EZHILARASAN**
3/Male/MHC202406129
IP No. 09/02/2024/IPC2024000431
Room No. Dr.ARAVINDH RAJHA P.S

D.O.A. 9/2/24 Time 12.12 AM

Rent Per Day 1200/-

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]

OPERATION THEATRE	
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Date :	OT. No. :
Surgeon :	Start Time :
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible][illegible]

PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
9/2/24	1717						
10/2/24	1717						
11/2/24	1717						