

Re - 10.12. Am

STEP-Down ICU

**BILLING CARD**

CASH

Patient Name

Mrs. ELLAMMAL

D.O.A. 10/2/24 Time 11.29 PM

IP No.

65/Female/MHC202406373

10/02/2024/IPC2024000451

Room No.

Dr. ARTHI

Rent Per Day 4,000/-

**TRANSFER DETAILS**

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
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**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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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**OXYGEN****SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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**ALPHA BED****SCD PUMP****VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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## 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 :                   |

## Date \_\_\_\_\_

## LABORATORY

10/8/04 CBC, RBS, RFT, LFT, electrolysis, -2060

| RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER |               |      |         |        |         |      |         |
|---------------------------------------------------------------------|---------------|------|---------|--------|---------|------|---------|
| 10/2                                                                | ECG - 2060    |      |         | dup    | res     |      |         |
|                                                                     |               |      |         |        |         |      |         |
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| CBG                                                                 |               |      |         | ABG    |         | ACT  |         |
| DATE                                                                | NUMBERS       | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
|                                                                     |               |      |         |        |         |      |         |
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| Date                                                                | PHYSIOTHERAPY |      |         |        |         |      |         |
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|                                                                     |               |      |         |        |         |      |         |
| NEBULIZER                                                           |               |      |         | OTHERS |         |      |         |
| DATE                                                                | NUMBERS       | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
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