

BILLING CARD

Patient Name

IP No.

Room No.

Mrs. VANITHA

30/Female/MHC202403491

22/01/2024/IPC2024000203

Dr. ARTHI



D.O.A. 22/1/24 Time 9.11 PM

Rent Per Day 4,000/-

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 :	Laproscopey :
	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

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
22/1/24	CBC, RBS, RFT, LFT, CDCA, UHS, CRP, ESR - 0954
23/1/24	peripheral smear, ferritin, Anti nuclear (ANA by IFA)
"	reticulocyte count, Rheumatoid factor, uric acid / 01006
25/1/24	TFT ✓ / 1006
25/1/24	CBC - 1094

Date	LABORATORY
08/1/24	CBC, RBS, RFT, LFT, CDCA, UGHS, CRP, ESR - 0954
23/1/24	peripheral smear, ferritin, Antinuclear (ANA - by IFA)
"	reticulocyte count, Rheumatoid factor, uric acid / 01006

05/10/24 TET ✓ / 1006

25	1	24	CBC: - 109/4
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