

DOA: 12/2/24 at: 5-36pm

DOD: 14/2/24 at: 6.30pm

II-floor

Cash



BILLING CARD

Men. word

Patient Name _____

IP No. _____

Room No. _____

Mrs. SUBBULAKSHMI

50/ Female/MHC202406655

12/02/2024/IPC2024000480

Dr. ARTHI



D.O.A. 12/2/24 Time 5:36pm

Rent Per Day 1500/-

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

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

LABORATORY

10/2/20	CBC, RBS, RFT, LFT, Streptococcus CRP - 2162
13/2/24	FBS HBA1c - 2170 (g), ppBS, urine R/G - 2198
14/2/24	FBS - 2245
14/2/24	ppBS - 2278

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

13/2/24 USG Abd 2264

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

13/2/24 1+1- 2264

PHYSIOTHERAPY

Date

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS