

DOA : 14/2/24 at : 7.49 pm

DOD : 17/2/24 at : 12.00pm

11 Floor (G/W)



BILLING CARD

CASH

Patient Name **Child.DEEPTHI**
 11/Female/MHC202406948
 IP No. 14/02/2024/IPC2024000498
 Room No. Dr.ARTHI

D.O.A. 14/2/24 Time 7.49 pm

Rent Per Day 1,500/-

RANSFER 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

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

14/2/24 IPT-2295 5

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

14/2/24	PCY - 2306	due
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14/2/24	Chest xray - 10328	due
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CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS