

2 Floor (1/10)

BILLING CARD

CASH

Patient Name **Mrs. JAYANTHI**

60 / Female / MHC202407394

IP No. 17 / 02 / 2024 / IPC2024000533

Room No. Dr. ARTHI



D.O.A. 17/2/24 Time 7.39pm

Rent Per Day 1.500/-

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	
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Surgeon :	Start Time :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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[illegible]

Chest

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style -

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171264

ECG

due

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CBG

ABG

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1

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

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NUMBERS

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DATE _____

NUMBERS