

BILLING CARD

Mr. MOHAN
33/Male/MHC202407397
17/02/2024/IPC2024000534
Dr. ARTHI

Patient Name Mr. Mohan

D.O.A. _____ Time _____

IP No. _____

Room No. _____

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

[illegible]

PHARMACY		AMBULANCE	
OT DRUGS REPLACED :	} vii)		vii)
BILL CLEARED :			
RETURNS CHECKED :			

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCEDURES :

Patient Received from 51(B). But ward
Rent. Advised Dr. Arthur (mam).

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

17/2/24. CBC, RBS, RFT, LFT, Electrolytes, Amylase / 2473.
Lipase.

2011

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

[illegible]

ACT

NUMBERS

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PHYSIOTHERAPY

1051

OTHERS

NUMBERS

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