

I floor

cash

BILLING CARD

Patient Name _____

IP No. _____

Room No. _____

B/O.MALATHI

O/Female/MHC202407511

18/02/2024/IPC2024000546

Dr.ARAVINDH RAJHA P.S

D.O.A. 18/2/24, Time 2:52 pmRent Per Day NO Rent**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature
18/2/24	8:52 pm	Wardmar	NICU	Kali
18/2/24	4:16 pm	NICU	Room no (11)	Kali

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

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 :
	Others :

LABORATORY

Bilirubin, Bld, Tem - 202402692

[illegible]