

II Floor

BILLING CARD



Mrs. KAMACHI

49 / Female / MHC202408186

23/02/2024 / IPC2024000605

Patient Name

IP No.

Room No.

Dr. ARTHI



D.O.A. 23/02/24 Time 09:08pm

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
23/02/24	10 PM	24/02/24	6 AM				

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]

LABORATORY

CBC, RFT, LFT, RBS, electrolytes, TROP-T
calcium, CRP

9889

