

BILLING CARD
CASH

11 Floor (Step down ICU)

Patient Name **Child.PONMOZHI.D**
14/Female/MHC202408892
IP No. 29/02/2024/IPC2024000661
Room No. Dr.HARI KRISHNAN

D.O.A. 29/2/24 Time 4.16 PM

Rent Per Day 4,000/-

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE	
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
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	Others :

Date	LABORATORY
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29	224	LF $\bar{1}$, RF $\bar{1}$, RBS,	3111
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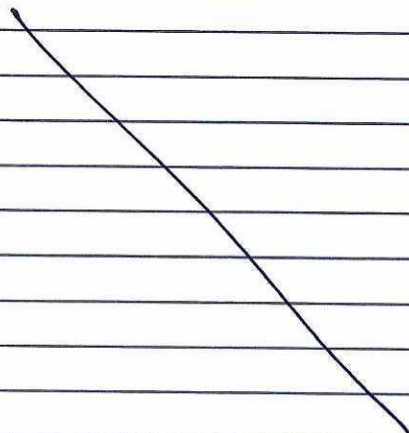
1/3/24	CB C. Dengue - NS, Dengue Tgm (F50)	3166
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2/3/24	CBC - 3238
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3/3/04	CBC - 3290
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4/3/24	CBC - 03363
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5/3/24	CBC - 03435
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RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

29/02/24
29/12/24

CXR Po 20311
USG - Abdomen

Done
Due

8h
Dr. Ameer Hussain

CBG

DATE

NUMBERS

DATE

NUMBERS

DATE

ABG

NUMBERS

DATE

ACT

NUMBERS

nil

nil

Date

PHYSIOTHERAPY

nil

NEBULIZER

DATE

NUMBERS

DATE

NUMBERS

OTHERS

DATE

NUMBERS

DATE

NUMBERS

nil

nil