

DOA - 08/3/24 at 12.21pm
DOD - 09/3/24 at 9.30am

U - FLOOR

(CASH)

BILLING CARD



Mrs. SIVAGAMI

47 / Female / MHC202409822

Patient Name

08/03/2024 / IPC2024000767

IP No.

Dr. ARTHI

Room No.



GW 59

D.O.A. 08/3/24 Time 12.21pm

Rent Per Day 1500 /-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

nil

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	:

N/I

N/I

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

nil

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

nil

nil

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

nil

[illegible]

OT. No.

Start Time

End Time

Dis. Pack

Diathermy

C-Arm

Arthroscopy

Laparoscopy

Sevoflurane / Isoflurane

Inj. Fentanyl

Others

LABORATORY

CBC, Blood Grouping

$$= 3640$$

FBS $\Rightarrow$ 3665

2

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

[illegible][illegible][illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
			Nil				nil