

II - FLOOR

DOA: 13/3/24 at: 11.12 AM

Don: 14/3/24 at: 5.30 pm

(CASH)

BILLING CARD



Mr. VIJAYAKUMAR

41/Male/MHC202410359

13/03/2024/IPC2024000821

Dr. ARTHI



Patient Name

IP No.

Room No.

GW(59)

D.O.A. 13/3/24 Time 11.12 AM

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	:	Laprosocopy	:
		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]

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

13/3/24	CBC, urea, creatinine, RBS, LFT, Amylase, Lipase Electrolytes. - 3888	By
---------	--	----

14/3/24	Wire Route =
---------	--------------