

BILLING CARD

CASH

I Floor

(Orlw)

Re-5-15

Patient Name **Mrs. VIGNESHWARI**
20/Female/MHC202410377

IP No. 03/05/2024/IPC2024001278

Room No. Dr. VALLIAMMAL K

D.O.A. 31/5/24 Time 11.50pm

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

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Anaesthetist :	C-Arm :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

4/5/24

urino (R) - 2405921.

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

✓ 1.5.24	VSG-OBS	Due	Dr. Jayanth
✓ 3.5.24	CTY	due	Remind.

[illegible]

Date _____

PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS