

DOA : 14/3/24 at : 4.09 pm
DOD : 15/3/24 at : 5.00 pm

II Floor

BILLING CARD

Patient Name Mrs. Sundhari

D.O.A. 14/3/24 Time 4.09 pm

IP No.

Room

Mrs. SUNDHARI

55/Female/MHC202410501

14/03/2024/IPC2024000834

Cash

Rent Per Day 1500 /-

TRANSFER DETAILS

Dr.

Dr. ARTHI



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

OXYGEN

SYRINGE PUMP

Date

Start

Date

Disconnect

Date

Start

Date

Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date

Start

Date

Disconnect

Date

Start

Date

Disconnect

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
14/3/24		ECG		Dm		RS (3946)	
15-3-24		Echo		Due		Dr. Sureshkumar (3980)	
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS