

DOA - 17/3/24 at 12:01pm
 DOD - 20/3/24 at 6:00am II FLOOR STEP DOWN ICU

BILLING CARD CASH

Patient Name **Mrs. RANIYAMMAL**
 82/Female/MHC202410814
 IP No. 17/03/2024/IPC2024000846
 Room No. Dr. ARTHI

D.O.A. 17/3/24 Time 12:01 pm

Rent Per Day 3300

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
18/3/24	5PM	Step down ICU	59(3)	R. Neel

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
17/3/24	1pm	18/3/24	11am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
17/3/24	1pm	17/3/24	3pm
17/3/24	6pm	18/3/24	10pm

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

OPERATION THEATRE

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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscope :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
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[illegible]

