

u floor

- Non A/c

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

Patient N^o **Mr. KASINATHAN.K**
 IP No. 63 / Male / MHC202410875
 Room N^o 18 / 03 / 2024 / IPC2024000849
 Dr. ARTHI

D.O.A. 18/03/24 Time 03:55 AM

cash

Rent Per Day 1850/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERATION THEA TRE

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 :

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 THEA TRE

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	Inj. Fentanyl :
	Others :

Date	LABORATORY
18/3/24	CBC, DRS, RFT, LFT, Electrolytes, HbA1c, FBS, ppBS, urine IFA, HbB1
18/3/24	NT-pro BNP = 4086 μ g
19/3/24	FBS, urine ctsg 2024 04109
19/3	ppBS -> 2024 04123
19/3	Sp4nm cA 4118
19/3	Sp4nm Pon APB 4119

