

DOA : 21/3/24 at : 9.49 pm
DDO : 21/3/24 at : 6.30 pm

MH/PRINT / 0007 / BILL / FO

BILLING CARD



Mrs. VIMALA.K

Patient Name

70/Female/MHC202411250

21/03/2024/IPC2024000385

IP No.

Dr. ARTHI

Room No.



II-FLOOR CASH D.O.A. 21/3/24 Time 09:49 am

Rent Per Day 1500/-

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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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

	LABORATORY
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21/3/24 $\Rightarrow$ EBC, RBS, urea creatinine, LFT, HBAIC

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

Chesi Pa
SCV

Dus
due

0-2-17th } 4231

CBG

CBG

Date _____

PHYSIOTHERAPY

NEBULIZER

NEBULIZER