

11 floor ward

## BILLING CARD

Patient Name Mr. Sathivel

D.O.A. 21/3/24 Time 6.25pm

IP No. 0891

Room No. 59 (3)

Rent Per Day Rs - 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 |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
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|      |       |      |            |
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### INFUSION PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
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### OXYGEN

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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### SYRINGE PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
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### ALPHA BED

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |

### SCD PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |

### VENTILATOR

| 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 :   | Laproscopy :               |
|                     | Sevoflurane / Isoflurane : |
|                     | Inj. Fentanyl :            |
|                     | Others :                   |

## LABORATORY

[illegible]

| RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER |                |      |         |        |         |      |         |
|---------------------------------------------------------------------|----------------|------|---------|--------|---------|------|---------|
| 21/3/24                                                             | L-S spine Alut |      |         | due    | h       |      |         |
|                                                                     |                |      |         |        |         |      |         |
|                                                                     |                |      |         |        |         |      |         |
|                                                                     |                |      |         |        |         |      |         |
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|                                                                     |                |      |         |        |         |      |         |
|                                                                     |                |      |         |        |         |      |         |
| CBG                                                                 |                |      |         | ABG    |         | ACT  |         |
| DATE                                                                | NUMBERS        | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
| 22/3/24                                                             | 141            | 2    | 4333    |        |         |      |         |
| 23/3/24                                                             | 1              |      |         |        |         |      |         |
|                                                                     |                |      |         |        |         |      |         |
|                                                                     |                |      |         |        |         |      |         |
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|                                                                     |                |      |         |        |         |      |         |
|                                                                     |                |      |         |        |         |      |         |
| Date                                                                | PHYSIOTHERAPY  |      |         |        |         |      |         |
|                                                                     |                |      |         |        |         |      |         |
|                                                                     |                |      |         |        |         |      |         |
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|                                                                     |                |      |         |        |         |      |         |
|                                                                     |                |      |         |        |         |      |         |
| NEBULIZER                                                           |                |      |         | OTHERS |         |      |         |
| DATE                                                                | NUMBERS        | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
|                                                                     |                |      |         |        |         |      |         |
|                                                                     |                |      |         |        |         |      |         |
|                                                                     |                |      |         |        |         |      |         |