II-FLOOR CASH

BILLING CARD

Patient Name: Mrs.NALINI.V
42/Female/MHC202411349
22/03/2024/IPC2024000896
IP No. _____ Dr.ARTHI
Room No. _____

GW(59) D.O.A. 22/3/24 Time 9:24 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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

DOA : 22/3/24 at : 9.24 Am
DOD : 22/3/24 at : 3.00 pm

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Hari Krishna	(MD)	22/3/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Nil BILL CLEARED : Nil RETURNS CHECKED : Nil	Nil

Other Procedures : (specify) :-

Nil

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
23/2/24	Ecu (4278)	Due	Sunil

CBG				CBG			
22/3/24	1	(4280)					

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

OPERATION THEA TRE

Date	:		
Surgeon	:	OT. No.	:
I Asst. Surgeon	:	Start Time	:
II Asst. Surgeon	:	End Time	:
III Asst. Surgeon	:	Dis. Pack	:
Anaesthetist	:	Diathermy	:
OT Nurse	:	C-Arm	:
Name of Surgery	:	Arthroscopy	:
		Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY