

DOA : at 9.45am
DOD : at 8pm

II floor
ICU

BILLING CARD
CASH.



Patient Name Mr. RAJAN.T
72/Male/MIIC202411417
IP No. 02/08/2024/IPC2024002115
Room No. Dr.SANKARLINGAM

D.O.A. 2/8/24 Time 09.45am

Rent Per Day 4900/-

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
2/8/24	10am	3/8/24	8Am				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
2/8/24	10 am	4/8/24	8Am.				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

2/8/24 CBC, RBS, Urea, Creatinine, LFT, Electrolytes, HbA1c ⇒ 9629

3/8/24 FBS ⇒ 9659

4/8/24 FBS ⇒ 9696