

BILLING CARD
CASH

(G/W)

Patient Name **Mr. MANI KANDAN**
30/Male/MHC202411564
IP No. 24/03/2024/IPC2024000918
Room No. Dr. ARTHI

D.O.A. 24/3/24 Time 1.32PM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	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

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 THEATRE	
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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 :

Date	LABORATORY

A hand-drawn diagram on lined paper. The diagram consists of a single curved line that starts at a point on the left, curves downwards and to the right, and ends at a point on the right. The line is drawn on a grid of horizontal lines.

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER									
1	2	3	4	5	6	7	8	9	10

CT-Abdomen

Due

Shmyle

EC 57

due

43169

ABG

ACT

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

PHYSIOTHERAPY

OTHERS

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS