

BILLING CARD
CASH

11 Floor

(NON A/C)

Mr. LOGANATHAN.D

D.O.A. 25/3/24 Time 9.30 AM

Patient Name 54/Male/MHC202411660

IP No. 25/03/2024/IPC2024000923

Room No. Dr. ARTHI

Rent Per Day 11850/-

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

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	
Date :	OT. No. :
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

25/3/24, TROP-T, CBC, Urea, creatine, RBS, LFT,
sr. electrolytes. $\Rightarrow$ 4403, 4404.
Urin Robin $\Rightarrow$ 4413

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

85/03/24	ECM	one	South 4406
25/3/24	CMCEN	DUS	2.2.7m

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

$$\underline{24 \mid 03 \mid 24}$$

Date _____

PHYSIOTHERAPY	
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NEBULIZER

OTHERS	
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DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS