

POA - 30/3/24 at 6.52 am
POD - 1/4/24 at 7.20 pm
Non

A/c

- 2nd Floor (55)



BILLING CARD

Patient Name - **Mr. KRISHNAMOORTHY .K.V.**

D.O.B 10/3/24 Time 06:52 AM

IP No. 83/Male/MHC202412158

Room No. 30/03/2024/IPC2024000976

Dr. ARTHI

cash

Rent Per Day 1850

TRANSFER DETAILS

Date	From	To	Nurse's Signature
		nil	

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
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30/3/04	CBC, LFT, PBS, urea, creatine, electrolytes. urine (PE, urine culture) HbSS
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31/3/24	PT, BT, Blood Grouping, PT INR $\rightarrow$ 4073
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31/3/24 HIV I, HIV II, VDRL, Anti HCV, HBsAg $\Rightarrow$ HTI2

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

[illegible]

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

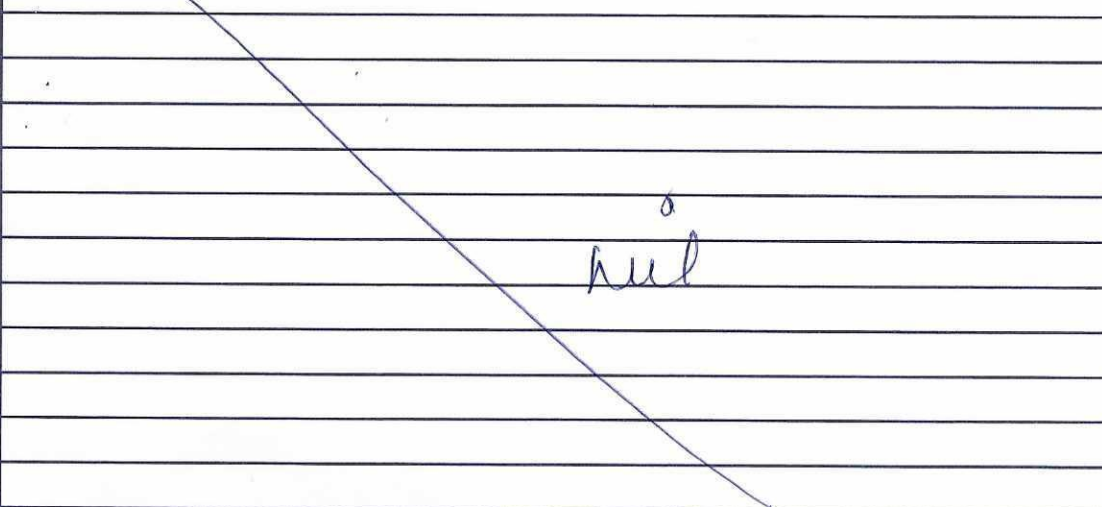
NUMBERS



mit

Date _____

PHYSIOTHERAPY	
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hul^a

NEBULIZER

OTHERS	
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DATE

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

[illegible]