

D.O.A 30/3/24
D.O.D 31/3/24 at 2:00pm.

59(3)

IF floor - 59 (ward)

**Mrs. LALITHA**
60 / Female / MHC202412204
30/03/2024 / IPC2024000982

BILLING CARD

Patient Name Dr. ARTHI
IP No. 
Room No. _____

CRASH
D.O.A 30.3.24 Time 4:25pm
Rent Per Day Rs. 1500/-

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

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

30/3/24 CBC, URBA, CREATINIE, LET, HBALC, Electrolytes - 4665

31/3/24 FBS → 4685

