

BILLING CARD
CASH

Patient Name **Mrs. ARTHI.K.S**
26/Female/MHC202412315
IP No. **31/03/2024/IPC2024000985**
Room No. **Dr.SASIKALA**

D.O.A. **31/3/24** Time **7.10 PM**

Rent Per Day **1850/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
2/4/24	11am	R.NO 7 AC	R.NO 5 (non Ac)	Rega

OPERATION THEATRE

Date : 1/4/24	OT No. : 11
Surgeon : DR. Sasikala	Start Time : 6:35 AM
I Asst. Surgeon : -	End Time : 7:20 AM
II Asst. Surgeon : -	Dis. Pack : -
III Asst. Surgeon : -	Diathermy : -
Anaesthetist : DR. M. Ravikumar	C-Arm : -
OT Nurse : Regina, Pushpa	Arthroscopy : -
Name of Surgery : LSCS	Laproscopy : -
	Sevoflurane / Isoflurane : -
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	Others : inj. Postwin - 1

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. :
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 :

LABORATORY

31/3/24

BT, CT, - 2A0AT15.

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

21/3/24

CTG

(1)

See.

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

Date

PHYSIOTHERAPY

4/4/24

Physiotherapy

(1)

2

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS