

BILLING CARD

Patient Name **Mr. BARATHKUMAR**
22/Male/MHC202412449
IP No. **01/04/2024/1PC2024000995**
Room No. **Dr. HARI KRISHNAN**

cash

Rent Per Day **1850/-**

Non A/c - 55 AT 11.28pm
date Abm 1/1/24
date BIS: 3/9/24 AT 12pm
D.O.A. 01/04/24 time 11:28pm

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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 :

Laparoscopy :

Sevoflurane / Isoflurane :

Inj. Fentanyl :

Others :

Date _____

LABORATORY

214/24

CBL, LFT $\Rightarrow 74745$

