

DOA - 05/4/24 at 11:43 am

DD - 6/4/24 at 8:30 pm.

IFloor Room no (52) w/de



BILLING CARD

Patient Name **Mr. PANDIYAN.R**
33/Male/MHC202412836
05/04/2024/IPC2024001026
IP No. **Dr. ARTHI**
Room No. 

N 33/M

D.O.A. 05/4/24 Time 11.43 Am.

Rent Per Day Rs 1850/-

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	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

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

5/4/24	CBC, RBS, Blood group & typing, BT/CT-74892
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5/4/24	PS Study, neutrophil count, Peratin, JTB.C, 4893
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6/4/04	Stool occulted blood $\rightarrow$ 493
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ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
5/4/24	C425	2	Dr. V. P. K.
5.4.24	Echo		Dr. Manohar
5/4/24	Fem		Dr. Manohar

4905

Date _____

PHYSIOTHERAPY

DATE _____

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NI