

Date ADM : 15/4/24 AT: 6.57pm
 Date DIS : 16/4/24 Floor (G1W) 59(4)

BILLING CARD
 AT: 7pm CASH

Patient Name **Mr. KOTTISWARAN**
 50/Male/MHC202413862
 15/04/2024/IPC2024001106
 Room No. **Dr. ARTHI**

D.O.A. 15/4/24 Time 6.57pm

Rent Per Day 1,500/-

TRANSFER DETAILS

Date	Time	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

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

15/9/24

ECG = 5198.

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[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

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[illegible]