

Date Adm: 21/4/24 RT floor
AT: 9.00pm
Date Dis: 24/4/24 RT 8.00pm

(55)

BILLING CARD

Non-AC-ROOM

Patient Name

IP No.

Room No.

Master.SABANESH

14/Male/MHC202414460

21/04/2024/IPC2024001155

Dr.ARAVINDH RAJHA P.S



D.O.A. 21/4/24 Time 09:20pm

Rent Per Day 1850/-

DETAILS

Date	Time	From	To	Nurse's Signature
23/4/24	09:00AM	54 Non AC	57 A/C Room	A. Mini

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

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

Date	
21/4/24	urine culture → 5394

24/4/24	urine R/E
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[illegible]