

DOA: 29/4/24 at: 1.33pm
DOY: 2/5/24 at: 11.00Am

11 Floor

(A/C) - (57)



BILLING CARD

CASA

Patient Name **Mrs. PUNITHA**
35/Female/MHC202415116
29/04/2024/IPC2024001219
IP No. _____
Room No. _____
Dr. SANKARLINGAM

D.O.A. 29/4/24 Time 1.33pm

Rent Per Day 21900/-

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

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

29/4/24 Urea, Creatinine, RBS Electrolyte - 5689

29/4/24 Blood group and typing, peripheral smear 5675

2/5/24 CBC - 5816 R₁

1/5/24 CBL = 5760

