

DOD: 9/15/24 @ 7.30 P.m

II Floor

NON A/c



BILLING CARD

CASH

Patient Name

Mrs. GUNASUNDARI

D.O.A. 9/15/24 Time 12.41 Am

IP No.

32/Female/MHC202415953

Room No.

09/05/2024/IPC2024001318

Dr. SHEETAL

Rent Per Day 1,850/-



RANSFER 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

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

OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

9/5/24
9/5/

CBS, urea, creatin, LF7 - 6103

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

9/5/24
9/5/24

ECG

Chest

2 6104

eye
due

Amil
Shayla

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS