

DOA: 19/5/24 at: 10.42 pm

DOD: 23/5/24 at: 10.00 AM

11 floor

BILLING CARD

Patient Name **Mrs. RAJAMMAL**

D.O.A. 19/5/24 Time 10.42 PM

IP No. 90/Female/MHC202416916

19/05/2024/IPC2024001411

Room No. Dr. ARTHI

Rent Per Day 1500/-

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	
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	Inj. Fentanyl :
	Others :

[illegible]

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

19/5/24	CT Brain (p)	Due	p81
20/5/24	Chest X-Ray (Red Side)	Due	R. Motion R9 = 6520
20/5/24	ECHO	Due	DD - monitor (cardio) = 6

[illegible][illegible][illegible]