

D.O.A- 22/5/24

58(2)

D.O.D- 23/5/24 at 3pm.

II-Floor

Ward

BILLING CARD

Mrs. MOGANA

50/Female/MHC202417292

22/05/2024/IPC2024001434

Patient Name

Dr. ARTHI

IP No.

Room No.

CASH

D.O.A. 22/05/24 Time 02:14pm

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 :	Laproscopey :
	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

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	Inj. Fentanyl :
	Others :

Date

LABORATORY

22/12/24 CBC, RBS, Urea, Creatinine, Sr. electrolytes 6626
 LFT 6629 urine complete 6630

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Date

LABORATORY

22/12/24 CBC, RBS, Urea, Creatinine, Sr. ole Electrolytes → 6626
 LE 6629 urine complete 6630