

DOA : 24/5/24 at 10:45pm

DCU

DOD : 25/5/24 at 5:pm

# BILLING CARD

CASH

Patient Name **Mrs. PADHMAVATHI**  
79 / Female / MHC202417510  
IP No. 24/05/2024 / IPC2024001447  
Room No. Dr. ARTHI

D.O.A. 24/5/24 Time 10.45pm

Rent Per Day A. 900/-

## 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

## INFUSION PUMP

| Date    | Start   | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|---------|---------|------------|------|-------|------|------------|
| 24/5/24 | 10.45pm | 25/4/24 | 5:pm       |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date    | Start   | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|---------|---------|------------|------|-------|------|------------|
| 24/5/24 | 10.45pm | 25/4/24 | 5:pm       |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |

## ALPHA BED

## SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |





## 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 :            |
|                     | Others :                   |

## LABORATORY

| Date    |                                                                          |
|---------|--------------------------------------------------------------------------|
| 24/5/24 | CBC, RBS, urea, creatinine, LFT<br>electrolytes, HBA1C, urine R/E / 6709 |

25/5/24 urine ds - 6726

25/5/24 Electrolytes / 6731