

Mrs. MUTHULAKSHMI

35/Female/MHC202417967

29/05/2024/IPC2024001491

S.T. I.C.U.



Dr. ARTHI



BILLING CARD

Patient Name MRS. V. MUTHU LAKSHMI

D.O.A. 29/5/24 Time 1.03 pm

IP No. 35/F

Room No. _____

Rent Per Day Rs 3300/-

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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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
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Date	LABORATORY
29/5/24	CBC, RBS, Urea, creatinine, LFT, Sr. Electrolytes. J6890
30/5/24	urine Routine = 6937
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