

BILLING CARD

Patient Name **Mr. RAJA**
48/Male/MHC202418075
30/05/2024/IPC2024001510
IP No. **Dr. ARTHI**
Room No. 

CASH

D.O.A. 30.5.24 Time 12:46 pm

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 30/05/24	OT No.	: ①
Surgeon	: DR. Selvan	Start Time	: 2.30 pm
I Asst. Surgeon	: _____	End Time	: 3.00 pm
II Asst. Surgeon	: _____	Dis. Pack	: _____
III Asst. Surgeon	: _____	Diathermy	: _____
Anaesthetist	: _____	C-Arm	: _____
OT Nurse	: _____	Arthroscopy	: _____
Name of Surgery	: (R) POSITVA Middle FINGER SURRING	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	Date	Disconnect

VENTILATOR

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 :

Date

LABORATORY

30/5/24 BT, KT, PBS, Blood Grouping & Typing

