

11 floor
cash

Re - 11.15 Am

Wd

Mr. KESAVA RAJ.S
76/Male/MHC202418229
31/05/2024/IPC2024001526

BILLING CARD

100 1.5

10 D.O.A. 31/5/24 Time 06:04pm

Patient Name **Dr. MANOHAR N**

IP No. _____

Room No. _____

Rent Per Day **4,900/-**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
2/6/24	6 Am	ICU	St. room 51	Wd
3/6/24	6 am	St - room	Bre floor (won ac)	Wd

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
31/5/24	7pm	2/6/24	11am

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

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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
3/5/24	CBC, RBS, urea, creatinine, LFT, Electrolytes, TROP, HBAC - 7021
1/6/24	FBS 7038 PPBS, Urine Route - 7050
2/6/24	FBS 7080
3/6/24	FBS 7130
4/6/24	FBS 7191

[illegible]