

89-e

(C/100)

DOD: 6/6/24 at 4.00pm

II Floor

BILLING CARD



Mr. MURUGAN
 26/Male/MHC202418875
 06/06/2024/IPC2024001581
 Dr. ARTHI

Patient Name _____
 IP No. _____
 Room No. _____

26/m.

D.O.A. 6/6/24 Time 10.33 AM

Rent Per Day 4500/-

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

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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 :

Laparoscopy :

Sevoflurane / Isoflurane :

Inj. Fentanyl :

Others :

Date _____

LABORATORY

662A.	CBC, Urea, creatinine, RBS -- 286
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RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

6/6/24	X-RAY CHEST PA	Due.	0.2-57h
6/6/24	ECG	7287	
6/6/24	Echo → 7290	Due	

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY						

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS