

Non A/c - I Floor

**BILLING CARD**

Mrs. KASTHURIAMMAL

70/Female/MHC202431748

14/10/2024/IPC2024002556

Dr. ARTHI

Patient Name

IP No. _____

Room No. _____

D.O.A. 14/10/24 Time 08:21

cash

Rent Per Day 1850

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

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OPERATION THEATRE

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

Date

LABORATORY

14/10/24

LFT => 202412755

14/10/24

Electrolytes, Urea, Creatinine, PPS => 12794

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

14/10/24
14/10/24

chest x-ray
ECG.

Dee
due.

Mohsen Ray

2412888

[illegible]

Date _____

PHYSIOTHERAPY

[illegible]