

D.O.A 30/6/24
D.O.D 1/7/24

2 \$/oor 59(5)



BILLING CARD

Patient Name **Mr. ILAYARAJA.M**
38/Male/MIIC202467824
IP No. 30/06/2024/IPC2024001783
Room No. Dr. ARTHI

D.O.A. 30/06/24 Time 09:54

Cash

Rent Per Day 1500/-

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

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

[illegible]

LABORATORY

CBL, RRP, RBS, Widdal - 58188

Uleni R/E $\rightarrow 8201$

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

V.V. Novikov 8256

ACT

NUMBERS

PHYSIOTHERAPY

OTHERS

NUMBERS