

DDA : 4/7/24 at 11:23am  
 DOD : 4/7/24 at 6pm

11th floor - Non AC - Rs 1850 Room no. 5



# **BILLING CARD**

Mr. ANBURAJA  
 37/Male/MIIC202468176  
 04/07/2024/IPC2024001827

Patient Name

Mr. ANBURAJA

Dr. ARTIII

4/7/24 Time 11:23Am

IP No.

1827/24

Room No.

11-54

Rent Per Day Rs. 1850/-

## **TRANSFER DETAILS**

| Date   | Time | From        | To              | Nurse's Signature |
|--------|------|-------------|-----------------|-------------------|
| 4/7/24 | 12pm | Single Room | Single Room A/c | S. Jif            |
|        |      |             |                 |                   |
|        |      |             |                 |                   |
|        |      |             |                 |                   |
|        |      |             |                 |                   |

## **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 |
|------|-------|------|------------|
|      | Nil   |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## **INFUSION PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      | Nil   |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## **OXYGEN**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## **SYRINGE PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## **ALPHA BED**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |

## **SCD PUMP**

| Date | Start |
|------|-------|
|      |       |

## **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 :                   |

## LABORATORY

4/7/24 CBC, widal, RBS, RFT, LFT, Electrolytes,  
wino R/E - 8397

5/7/24 Stool Routine → 8446

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

Eq

Due

Suebha

41712a

CHDSI (P.A.) 8397

DUG

V-V, IV, IV

**CBG**

ABG

## ACT

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

Date \_\_\_\_\_

## PHYSIOTHERAPY

## NEBULIZER

## OTHERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS