

D.O.A: 10/7/24 at 12.25pm

U-fecoa

D.O.D: 12/7/24 at 5pm

Step down wv



BILLING CARD

Cash

Patient Name **Mrs. SARASU**
52/Female/MIIC202468562

D.O.A. 10/7/24 Time 12:25A

IP No. 10/07/2024/IPC2024661869

Room No. Dr. ARTIII

Rent Per Day 3,300/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
11/7/24	3pm	Stepdown to	59(1) ward. ^{IND} Floor	Dr. Sindhu

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

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY	
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10/17/24	CBC, Urea, Creatinine, LFT, RBS, Electrolytes, HbA1c - 8515
10/17/24	FBS, Lipid profile - 8518
10/17/24	Urine R/E & 8534
11/17/24	FBS, Thyroid profile (Free) - 8549
12/17/24	FBS - 8594

