

BILLING CARD

Patient Name

IP No.

Room No.

Mr. VIJAYAN

49/Male/MHC202469045

15/07/2024/IPC2024001928

Dr. ARAVIND KUMAR



CASH

D.O.A. 15/7/24 Time 03:06

Rent Per Day 1500

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 15/07/24	OT No.	: 01
Surgeon	: Dr. Aravindh Kumar	Start Time	: 9.30 pm
I Asst. Surgeon	: -	End Time	: 11.00 pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Manohar	C-Arm	: -
OT Nurse	: Yoka	Arthroscopy	: -
Name of Surgery	: <u>LP Forearm Plating</u>	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

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 :

Date

LABORATORY

15/7/24

~~RBS, HBSAG, VDRL, Creatinine, Hx I & II, LFT, GRC~~
~~BT, Anti HCV, urea, CT, Blood Group and RH TYPE - 78735~~

