

I Floor

Non A/C



BILLING CARD

Patient Name Mrs.UMERA
29/Female/MHC202467938

D.O.A. 01/07/24 Time 01:49 pm

IP No. 01/07/2024/IPC2024661797

Cash

Room No. Dr.SASIKALA

Rent Per Day 1850/-



RANSFER DETAILS

Date	Time	From	To	Nurse's Signature
02/7	5pm	Room NO [5]	(to) Room NO [9]	Shifed <i>Shif</i>
05/7	9:30pm	Room NO 9	(to) ICU	Shifed. <i>Shif</i>
6/7/24	4:30pm	ICU	(to) 7 non AC Room	<i>Shif</i>
6/7/24	6:00pm	Non AC Room 7	(to) A/C Room (7)	<i>Shif</i>
7/7/24	6:00pm	A/C Room (to)	NON AC - (7)	<i>Shif</i>

OPERATION THEATRE

Date	: 1/7/24	OT No.	: I
Surgeon	: Dr. Sasikala	Start Time	: 4:40 pm
I Asst. Surgeon	: -	End Time	: 5:30 pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Raji Kumar	C-Arm	: -
OT Nurse	: yoga / kavi	Arthroscopy	: -
Name of Surgery	: LSCS	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: -
		Others	: -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/7/24	9:30pm	6/7/24	7Am				

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 :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
01/07	CTG		- 8281	due	Sig		
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
4/7/24	Breast Feeding. Counseling + Post natal Care.						
8/7/24	Postnatal Basic Ex's. & Come when the Paediatric & Obs Review day.						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
					4/8/24	drugging	(7)