

BILLING CARD

I - Floor NON
Room No. (11)

Patient Name: **Mrs. SANGEETHA.M**
26/Female/MHC202469157
IP No. 16/07/2024/IPC2024601938
Room No. Dr. CHAKKARAVARTHI

CASH

D.O.A. 16/07/24 Time 08:00 PM

Rent Per Day 2900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
17/7/24	7:30 AM	R. NO. (11) shifted to	ICU	Paijy
18/7/24	9:15 AM	ICU to	R. NO. 11 received (Non PICC)	Jim.

OPERATION THEATRE

Date	: 17/07/24	OT No.	: 1
Surgeon	: DR. Chakkaravathi	Start Time	: 5:40 AM
I Asst. Surgeon	: DR. Valliammal	End Time	: 6:25 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. M. Ravi Kumar	C-Arm	: -
OT Nurse	: B.N. Regina	Arthroscopy	: -
Name of Surgery	: LSCS	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: 1 Amp
		Others	: INF. FORTWIN (1) Amp

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 :

LABORATORY

16/7/24 CBE, BT, CT, RBS, Urine Routine, uric acid, LET, urea, creatinine - 2408798

17/7/24 PBS - 8821

17/7/24 URINE ROUTINE - 8822

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

16/7/24

ECHO.

(due)

by

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

19172A

Dressing ①

2217124

Dressing - (1)