

Re - 11.55 Am 15

1 Floor

(non Atc)



BILLING CARD

INS?

Patient Name Mrs. MONIKA.V
28/Female/MIIC202469215

IP No. 17/07/2024/IPC2024001954

Room No. Dr. VALLIAMMAL K



D.O.A. 17/7/24 Time 3.52 PM

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 17/7/24	OT No.	: 1
Surgeon	: Dr. Valliammal	Start Time	: 8.00 PM
I Asst. Surgeon	: Dr. Sasikala	End Time	: 8.45 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Ravikumar	C-Arm	: -
OT Nurse	: Yogi	Arthroscopy	: -
Name of Surgery	: LSCS	Laproscopey	: -
		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

[illegible]

OPERATION THEATRE

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

17/11/24 HB, BT, CT, RBS - 88bT.

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
				20/11/24	2 dressing	①	