

DOA - 17/7/24 at 06.50pm

DOD - 19/7/24 at 7.30pm

8 - Floor

NON A/c



BILLING CARD

Patient Name Mrs. LAKSHMI
56/Female/MIIC202469239
IP No. 17/07/2024/IPC2024001956
Room No. Dr. SASIKALA

CASH

D.O.A. 17/07/24 Time 06:50pm

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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

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	
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[illegible]

19/7/24 CBc $\Rightarrow$ 89A1

