

1 Floor
BILLING CARD

9

Cradhe

Patient Name B/O.PRIYADHARSHINI

0/Male/MIIC202469943

D.O.A. 26/7/24 Time 8.11.Pm

IP No. 26/07/2024/IPC2024002045

Room No. Dr.ARAVINDH RAJIA P.S



Rent Per Day no Rent/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
26/7/24	8 ³⁰ pm	OT ROOM	to NICU observation	20/8/22
27/7/24	7pm	NICU OBSERVATION	to MOTHER SIDE	20/8/22

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
26/7/24	8 ³⁰ pm	27/7/24	7pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
26/7/24	8 ³⁰ pm	27/7/24	6pm.	26/7/24	9 ³⁰ pm	27/7/24	6pm.

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

29/7/24

Total bilirubin, Indirect bilirubin, Direct bilirubin,
Blood grouping & Typing, Jem profile → 9430

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

26/7/24 chest xray - AP - 9393

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

26/7/24 2 - 9394

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS