

I-floor
cash

BILLING CARD

Non-Ac-Room- 15

Patient Name Mrs.KEERTHANA
25/Female/MNIC202470173
30/07/2024/IPC2024002074

D.O.A. 30/7/24 Time 08:34 AM

IP No. Dr.SASIKALA

Room No.

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
30/7/24	9am		Labour Room	<u>Cum</u>
30/7/24	4pm	Labour Room	Room 15	<u>Cum</u>

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 :
30/7/24 - Fetus expelled & check	Sevoflurane / Isoflurane :
curretage / Labour Room	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
Dr. Sasikala (DWO)	Others :

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

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

30/7 CBC, BT, ET, RBS - 9472

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

[illegible]

ACT

[illegible]

PHYSIOTHERAPY

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS