

DOD: 10/8/24 @ 2.00pm

I floor Non A/C

(56)

BILLING CARDPatient Name Mr. ELLAPPAND.O.A. 04.08.24 Time 10.00pm

55/Male/MHC202470620

IP No. 04/08/2024/IPC2024002131Room No. Dr. ARAVIND KUMAR

Cash

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
4/8/24	11PM	5/8/24	4PM				

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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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

5/8/24 CBC, Urea, Creatinine, LFT, FBS, electrolytes. } 9737
HIV-1&2, HBsAg, ANTI HCV, VDRL, urine complete

5/08/24 HBAIC => 9745

06/08/24 FBS => 9773

6/8/24 urine c/s - 9782

7/8/24 FBS - 9815

8/8/24 FBS, Electrolytes - 9854

8/8/24 Glucose PPBS - 9862

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
4/8/24	ECG - 9713			Duco	Neg 636 /		
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
6/8/24	3 - 9782 /						
7/8/24	1 - 9834 /						
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS