

II nd floor - General ward - R5NO(5)

Doc: 14/8/24 at 1.00pm



Mr. SARAVANAN
21/Male/MIIC202471276
13/08/2024/TPC2024002201

BILLING CARD Cash

Patient Name

Dr. ARTIII

D.O.A. 13/8/24 - Time 12.09pm

IP No.

Room No. II - 59

Rent Per Day Rs. 1500

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

Date :	OT. No. :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

13/8/24 ✓ CBC, CRP ✓ LFT ✓ WBC, creatine ✓ electrolytes ✓
0091

14/8/24 ✓ Urine R/E → 0127

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

✓ 13/8/24	X-Ray Chest Pa	0091	DUE	V-V-Fluor
✓ 13/8/24	ECG	0091	DUE	Varadaj
✓ 13.8.24	USG-Abdomen	0091	DUE	Dr. Saravanan

CBG

ABG

ACT

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
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Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
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