

(55) DOA - 17/8/24 at 9:36 AM 2nd floor - Non Ac - R.N.O. 62
DOO - 19/8/24 at 5 PM



Baby. KASHIKA
2/Female/MHIC202471536
17/08/2024/TPC2024002240

BILLING CARD

Patient Name Dr. ARAVINDH RAJIA P.S

D.O.A. 17/8/24 Time 9:36 AM

IP No. _____

Room No. U-62

Rent Per Day Rs. 1850

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
		Nil		Nil

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

Date	Start	Date	Disconnect
		Nil	

INFUSION PUMP

Date	Start	Date	Disconnect
		Nil	

OXYGEN

Date	Start	Date	Disconnect
		Nil	

SYRINGE PUMP

Date	Start	Date	Disconnect
		Nil	

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
					Nil		

OPERATION THEATRE

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon : <i>nil</i>	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm : <i>nil</i>
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

17/8/24 CBC, CRP → 0259

