

1st floor - Non Ac - Rs - 1850



Mrs. SHOFIYA

23/Female/MIIC202471607

17/08/2024/IPC2024002244

BILLING CARD Insurance

Patient Name

Dr. SASIKALA

D.O.A. 17/8/24 Time 4.10pm

IP No.

Room No.

J -

Rent Per Day RS. 1850

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
17/8/24	8pm	Non AC (15)	AC ROOM (15)	(GNA)

OPERATION THEATRE

Date	: 17/08/24	OT No.	: 02
Surgeon	: DR. Sasikala	Start Time	: 6.45pm
I Asst. Surgeon	: -	End Time	: 7.15pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. Ravikulmar	C-Arm	: -
OT Nurse	: Regina	Arthroscopy	: -
Name of Surgery	: D&C	Laproscopey	: -
	: Molar pregnancy Biopsy	Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 2ml 10ml / Inj. Morphine
		Others	: Small Biopsy - (1)

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

[illegible]

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

17/8/24 CBC, BT, CT, RBS, urea, Creatine, uric Acid,
HIV 1&2 card, Anti HCV, HbsAg card, thyroid
(total), - 24/10268

17/8/24 Urine Routine - 24/10269
17/8/24 HPEI - 24/10273

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

1-7/8/24

FCR

-10293

due

100

CBG

DATE

NUMBERS

DATE

NUMBERS

ABG

DATE

NUMBERS

DATE

ACT

NUMBERS

Date

PHYSIOTHERAPY

NEBULIZER

DATE

NUMBERS

DATE

NUMBERS

OTHERS

DATE

NUMBERS

DATE

NUMBERS