

56 non A/C

DOD: 22/8/24 at 3.00pm

2nd floor G/Land



BILLING CARD

Patient Name Mrs. ANDAL CASH

D.O.A. 19/08/24 Time 05:29pm

IP No. 72/Female/MHC202471781
19/08/2024/TPC2024602266

Room No. Dr. ARTIII

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	m	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

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	Inj. Fentanyl :
	Others :

Date

LABORATORY

19/8/24 CBC, WtOa, Creatine, LFT, RBS, electrolyte
 ⇒ 0370

20/8/24 Urine Routine → 0400

20/8/24 urine culture ⇒ 0471

