

59(2)

11 Floor

5:41pm

BILLING CARD

CASH

Patient Name Mrs.GAJALAKSHMI
56/Female/MIIC202471923

D.O.A. 21/8/24 Time 3.18 pm

IP No. 21/08/2024/TPC2024002279

Room No. Dr.SURESH KUMAR

Rent Per Day 1,500/-

**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature
22/8/24	2.30pm	G.W (59(2))	Non A/L	S. S. Sif

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. :
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

21/8/24 TROP-T ⇒ 0446

21/8/24 CBC, LFT, electrolytes ⇒ 0449

22/8/24 FBS 0463

23/08/24 FBS ⇒ 0500

