

BILLING CARD

I-Block

NON A/c

R.NO ⑦

Patient Name Mrs. HEERA
29/Female/MIIC202472374

CASH

D.O.A. 27/08/24 Time 07:32 pm

IP No. 27/08/2024/IPC2024002327

Room No. Dr. SASIKALA

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 28/08/24	OT No.	: ①
Surgeon	: DR. SASIKALA	Start Time	: 9.45AM
I Asst. Surgeon	: —	End Time	: 10.30AM
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR. RAVIKUMAR	C-Arm	: —
OT Nurse	: YOGA, REGINA	Arthroscopy	: —
Name of Surgery	: LSCS EST	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

[illegible]

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	OT given myli msheng.	nil
BILL CLEARED :	/	
RETURNS CHECKED :	/	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCEDURE: Diet Consultation *W/c*

D.O.A. 27/8/24

D.O.D 31/8/24

Time - 2pm

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

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY						

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
						30/8/24	Dressing
							①

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 :

[illegible]