

BILLING CARD

1 Floor
CRADLE

Patient Name B/O.HEERA
0/Female/MIIC202472400
IP No. 28/08/2024/IPC2024002334
Room No. Dr.ARAVINDII RAJILA P.S

D.O.A. 28/8/24 Time 9.49 AM

Rent Per Day NO Rent

TRANSFER DETAILS

Date	Time	From	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	:	Laprosocopy	:
		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]

OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
26/8/24	CBC, Blood grouping and type, Billirubin (Total, Direct, Indirect) - 10712
30/8/24	* Billirubin, TOTAL, DIRECT, INDIRECT } 10804p IEM PROFILE

28	8	24
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CBC, Blood grouping and type, Billirubin (Total, Direct, Indirect) - 10712

30/8/24

⇒ Billimubin, TOTAL, DIRECT, INDIRECT } 10800p
IEM PROCEL

