

D.O.A: 17/9/24
D.O.D: 18/9/24 @ 8pm

IT Floor

NOV 11

53



BILLING CARD

CASH

Patient Name Mrs.MALLIGAS
52/Female/MIC202472474
IP No. 17/09/2024/IPC2024002552
Room No. Dr.ARTIII

D.O.A. 17/9/24 Time 10.52pm

Rent Per Day 1850



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:	:	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]

OPERATION THEATRE

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

Date

LABORATORY

18/9/24 CBC T (1624)
 18/9/24 FBS, U/R -11653

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

ECU

due

14083

ABG

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

$$17 \mid 9 \mid 24$$

1-7

11625

Date _____

PHYSIOTHERAPY

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS