

Wn H/c I Floor

15



# BILLING CARD

Patient Name **Mrs.KARTHIKA.A**  
 30/Female/MIIC202472480  
 IP No. **29/08/2024/IPC2024602345**  
 Room No. **Dr.VALLIAMMAL K**



D.O.A. **29/8/24** Time **9.42 AM**

cash

Rent Per Day **1850/-**

## TRANSFER DETAILS

| Date | Time | from | To | Nurse's Signature |
|------|------|------|----|-------------------|
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## OPERATION THEATRE

|                   |                   |                                        |           |
|-------------------|-------------------|----------------------------------------|-----------|
| Date              | : 29/8/24         | OT No.                                 | : I       |
| Surgeon           | : Dr. VALLI       | Start Time                             | : 5.00 PM |
| I Asst. Surgeon   | : Dr. S. ASH KALA | End Time                               | : 5.40 PM |
| II Asst. Surgeon  | : -               | Dis. Pack                              | : -       |
| III Asst. Surgeon | : -               | Diathermy                              | : -       |
| Anaesthetist      | : Dr. Ravi Kumar  | C-Arm                                  | : -       |
| OT Nurse          | : Kani            | Arthroscopy                            | : -       |
| Name of Surgery   | : MTRC Lap SF     | Laprosopy                              | : Used    |
|                   |                   | Sevoflurane / Isoflurane               | : 500 l   |
|                   |                   | Inj. Fentanyl : 2ml 10ml/Inj. Morphine | : 1 Amp   |
|                   |                   | Others                                 | : -       |

## MONITOR

| Date | Start | Date | Disconnect |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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| 29/8 | 6 PM  | 29/8 | 7.30 PM    |
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## SYRINGE PUMP

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## ALPHA BED

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## SCD PUMP

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## VENTILATOR

| Date | Start | Date | Disconnect |
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| 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]

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

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| CBG  |         |      |         | ABG  |         | ACT  |         |
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| Date | PHYSIOTHERAPY |  |  |  |  |  |  |
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| NEBULIZER |         |      |         | OTHERS |         |      |         |
|-----------|---------|------|---------|--------|---------|------|---------|
| DATE      | NUMBERS | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
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