

BILLING CARD

2-Block Almond
13(4)

Patient Name Mrs. PRIYADHARSHINI
32/Female/MIIC202472521

CASH

D.O.A 29/08/24 Time 07:30 pm

IP No. 29/08/2024/IPC2024002349
Room No. Dr. CHRISTINA RAJKUMAR

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: <u>30/08/24</u>	OT No.	: <u>02</u>
Surgeon	: <u>DR. CHRISTINA</u>	Start Time	: <u>5.30 AM</u>
I Asst. Surgeon	: <u>-</u>	End Time	: <u>6.30 AM</u>
II Asst. Surgeon	: <u>-</u>	Dis. Pack	: <u>-</u>
III Asst. Surgeon	: <u>-</u>	Diathermy	: <u>-</u>
Anaesthetist	: <u>DR. Padmanaban</u>	C-Arm	: <u>-</u>
OT Nurse	: <u>Paging, yaga</u>	Arthroscopy	: <u>-</u>
Name of Surgery	: <u>LSCS</u>	Laprosopy	: <u>-</u>
		Sevoflurane / Isoflurane	: <u>-</u>
		Inj. Fentanyl	: <u>2ml 10ml/Inj. Morphine</u>
		Others	: <u>Ketamine - 2cc</u>

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 :

LABORATORY

CBC, BT, ET, V/R, sugar, Blood Cryst-20241077

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

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PHYSIOTHERAPY

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DATE _____

NUMBERS

219/24

Dressing - (1)