

I floor
non-AC-Room (14)

BILLING CARD

Cash

Patient Name Mrs. DORATHY
29/Female/MIIC202472529
29/08/2024/IPC2024602352
IP No. Dr. SIVUITHI
Room No. 

D.O.A. 29/8/24 Time 8:40 pm

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
30/8/24	7:00pm	Non AC Room (14)	AC Room (15)	Sindhu.

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon : <u>Dr. Shanthi</u>	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : <u>29/8/24</u>	Arthroscopy :
Name of Surgery : <u>Normal Delivery</u>	Laproscopy :
<u>(Labour room)</u>	Sevoflurane / Isoflurane :
<u>(29/8/24-8:40pm to 30/8/24 12N)</u>	Inj. Fentanyl : 2ml 10ml/Inj. Morphine :
	Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

[illegible]

Date
31/8/24

LABORATORY

CBC - 202410850

3118124

CBC - 202410850

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