

II floor

Re 5:31 PM

Cash

BILLING CARD

Non-Ac- Room-62

Patient Name **Mrs. RAJESHWARI**
67/Female/MHC202472595

D.O.A. 30/8/24 Time 08:30pmIP No. 30/08/2024/IPC2024002358Room No. Dr. SANKARLINGAMRent Per Day 1800/-**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	:	Laproscopey	:
		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

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 :

Date

LABORATORY

30/8/24 FBS, Creatinine, Electrolytes, Urea, HbA1C → 0823

31/8/24 FBS, Urine Culture → 0841

1/9/24 FBS → 0880

2/9/24 FBS, CBC, Urea, Creatinine → 0918

2/9/24 Electrolytes → 0923

3/9/24 FBS → 0964

$$\begin{array}{r} 30 \overline{) 8124} \\ 30 \overline{) 8124} \end{array}$$

chest Po
ECS

one
line

PK J 0831

ACT

NUMBERS

30/8/24

1

31/08/24

971111

119184

2

2/9/24

2

319124

1

24/09/2019

Date _____

PHYSIOTHERAPY

OTHERS

NUMBERS