

Cagh

G/w

59(5)

BILLING CARD

Patient Name _____

Mr. KARTHICK

31/Male/MIIC202472606

31/08/2024/IPC2024002361

IP No. _____

Dr. VIGNESII S.V

Room No. _____



D.O.A. 31/8/24 Time 12:48 A.M

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 31/8/24	OT No.	: I
Surgeon	: Dr. Vignesh	Start Time	: 3-30 Pm
I Asst. Surgeon	: Dr. Raja Jawahar Lal	End Time	: 5-30 Pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Arthi	C-Arm	: used
OT Nurse	: Sri mathi	Arthroscopy	: -
Name of Surgery	: Rt Forearm Both Bone ORIF	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: -
		Others	: Inj: Fortwin - Damp

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP**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

31/8/24, Creatinine, ANP HCV, Blood Group, Urea,
 clotting time, bleeding time, HbS, APTT, CBL,
 VDRL, 12 ECG, HIV I, II, RBS 2) 0833, 0838

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

31/08/24	cheer po	Dul	Dra
3/18/24	(R) Forearm Ap/Cat	Dre	ShinyShe 0868 2410929

CBG

ABG

ACT

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
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Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
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2/9/24	1 Dremy
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