



Mrs. ANUSHIYA

34/Female/MIIC202472777

02/09/2024/IPC2024002383

Dr. ARTIII

Patient Name



IP No.

Room No.

D.O.A. 2/9/24 Time 1:11 pm

Rent Per Day Rs. 3300

BILLING CARD

TRANSFER DETAILS

[illegible]

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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

Date	Start	Date	Disconnect
08/9/24	1:11 PM	09/9/24	2 PM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

	Date

VENTILATOR

Start	Date	Disconnect

[illegible]

OPERATION THEATRE

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

21/9/24 CBC, RBS, Urea, Creatinine, LFT, Electrolytes, /09

[illegible]