

DOA: 6/9/24 at 2.11pm

DOD: 9/9/24 at 2pm

Re-12

I #1008

BILLING CARD

B/O.SARANYA

D.O.A. 06/09/24 Time 02:11pm

Patient Name 0/Male/MIIC202473081

06/09/2024/IPC2024002424

IP No. Dr.ARAVINDH RAJILA P.S

Room No. 

Rent Per Day CRADLE

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
6/9/24	Observation (Warmer)	2.17 PM	5 PM	S. Panjari

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 :	Laprosopy :
	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

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

9/9/2024

BILIRUBIN TOTAL, DIRECT, INDIRECT, } = 11220
 BLOOD GROUP and RH TYPE, IEM PROFILE }

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

[illegible][illegible][illegible][illegible]