

II Floor General ward

12:55

BILLING CARD

Patient Name Mrs. RANI
80/Female/MIIC202473085

2/F

D.O.A. 06.09.24 Time 03.44 PM

IP No. 06/09/2024/IPC2024602427

Room No. Dr. ARTHI

Rent Per Day 1500/-



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 :	Laproscopy :
	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

6/9/24 CBC, LFT, urea, creatinine, RBS, U/P - 24/11/24
Electrolytes.

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

06/09/24	ECG	DUE	SUD. 3 1177
06/09/24	Chorio	DRP	EB

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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