

BILLING CARD

11 Floor 6/10

Patient Name **Mr. VEERADHAYALAN**

52/Male/MHC202473340

IP No.

09/09/2024/IPC2024602453

Room No.

Dr. ARTIII

D.O.A. 9/9/24 Time 01:08pm

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect
9/9/24	3pm	10/9/24	1am
10/9/24	6am	10/9/24	4pm
11/9/24	6am	11/9/24	4pm
12/9/24	6am	12/9/24	11am

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

09/09/21

09/09/24

09/9/24

Flu

Chess To { 1234 .

US4 Abel.

Due

Due

due

Dr. Saravanan.

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

ABG NUMBERS

DATE _____

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Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

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