

BILLING CARD

2-floor 7/ward

Patient Name: Mrs. ABINAYA.R
26/Female/MIIC202473583
11/09/2024/TPC2024602485

CASH

D.O.A. 11/9/24 Time 07:44pm

IP No. Dr. SASIKALA

Room No. 

Rent Per Day 1500/- ✓

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 12/09/24	OT No.	: ②
Surgeon	: DR. SASIKALA	Start Time	: 1.45pm
I Asst. Surgeon	: _____	End Time	: 2.30pm
II Asst. Surgeon	: _____	Dis. Pack	: _____
III Asst. Surgeon	: _____	Diathermy	: _____
Anaesthetist	: DR. RAVIKUMAR	C-Arm	: _____
OT Nurse	: REGINA, SRIMATHI	Arthroscopy	: _____
Name of Surgery	: LSCS	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

[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 :
	Others :

Date

LABORATORY

11/9/24 CBC, BT, CT, RBS - 2A11355.

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

119

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due

Page.

	CBG
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ABG

ACT

DATE _____

NUMBERS

DATE

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date

PHYSIOTHERAPY	
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13) 9/24

Karthika - DT

14	9	24
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Karthika - DT

NEBULIZER

OTHERS	
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DATE

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS