

Ind floor cash

BILLING CARD

595

Patient Name Mrs. MALAR.A
38/Female/MHC202473762

D.O.A. 14/9/24 Time 8.27am

IP No. 14/09/2024/TPC2024002507

Room No. Dr. ARTIII

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

[illegible]

[illegible]

LABORATORY

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

✓ 14/9/24	Chest Xray PA	due	V. V. Muthu	} 12189
✓ 14/9/24	ECG	due	Dr.	
✓ 14/9/24	USG abdomen	due	Dr. Saravanan	
✓ 15/9/24	CECT Abdomen	due	Dr. 1535	

[illegible]

Date	PHYSIOTHERAPY
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