

Discharge on 15/9/24  
@ 11am

II floor  
cash

## BILLING CARD

Non-AE- Room

Patient Name Mr. SIVA  
IP No. 48/Male/MIC202473765  
Room No. 14/09/2024/IPC2024002509  
Dr. ARTII

D.O.A. 14/9/24 Time 09:21am

Rent Per Day 1850/-

### TRANSFER DETAILS

| Date | 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]



| 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 :   | Laprosocopy :              |
|                     | Sevoflurane / Isoflurane : |
|                     | Inj. Fentanyl :            |
|                     | Others :                   |

[illegible]

14 | 9 | 24

Urea / Creatine - 2411470

1519129

$$VIR' \Rightarrow 1509$$

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

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