

BILLING CARD

CASH

(Non Alc)

7

Patient Name **Mrs. VIMALA.M**
23/Female/MIIC202473840

D.O.A. 14/9/24 Time 9.24pm

IP No. 14/09/2024/IPC2024002517

Room No. Dr.SASIKALA

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
14/9/24	9.30pm	ER	Lahore Room	Ruy
15/9/24	12.30pm	Lahore Room	R.No 7 Non Alc	P4
15/9/24	8.00pm	Non Alc Room. 7	Alc Room. 7	Lab

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 : <u>Normal delivery</u>	Laproscopy :
<u>Dr. Sanj Kela mb DGO</u>	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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 :

[illegible]

14/9/24

RRS, CBC, B $\hat{I}$, C $\hat{I}$: 202411491

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

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Chen

Drifa.

ABG

ACT

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

PHYSIOTHERAPY

Kanthika - DT

Kanthika - PT

Karthika - DT

OTHERS

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

1. From 1968 to 1971

17-141

18/9/24

17