

BILLING CARD

Cash

D.O.A. 17/9/24 Time 7:26 PM

Patient Name Mrs. JAYASHREE.S
IP No. 22/Female/MIIC202474102
Room No. 17/09/2024/IPC2024002550
Dr. SASIKALA

Rent Per Day 2900/-

TRANSFER DETAILS

Date	From	To	Nurse's Signature

OPERATION THEATRE

Date : 18/9/24 OT No. : OT - I
Surgeon : Dr. Sasikala Start Time : 10:15 AM
I Asst. Surgeon : - End Time : 10:50 AM
II Asst. Surgeon : - Dis. Pack : -
III Asst. Surgeon : - Diathermy : -
Anaesthetist : Dr. Pankaj Kumar C-Arm : -
OT Nurse : Pegina, Samath Arthroscopy : -
Name of Surgery : LSCS Laparoscopy : -
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
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[illegible]

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

18/9/24

CTG

done

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

Date

PHYSIOTHERAPY

19/9/24

Karthika -PT

20/9/24

Karthika -PT

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

21/9/24 day - ①