

I-floor
cash

10

BILLING CARD

card

D.O.A. 21/09/24 Time 02:51pm

Patient Name B.O.NANDHINI
0 Female MIIC202474411

IP No. 21.09.2024/IPC2024002607

Room No. Dr.ARAVINDH RAJHA P.S

Rent Per Day NO Rent/-

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]

OPERATION THEATRE

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Anaesthetist :	C-Arm :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

24/9/24 Blood grouping, A typing, Total, Direct, Indirect bilirubin, TEm profile = 11948

[illegible]