

II - Floor 15/10



BILLING CARD

Patient Name **Mrs. SELVARANI**
 60, Female, MIIC202474406
 21.09/2024/IPC2024002606
 IP No. **Dr. ARTHI**
 Room No. 

Cash

D.O.A. 21/9/24 Time 09:23 pm

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

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

[illegible]

CBG				ABG			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	ACT NUMBERS
21/9/24	1 → 1824 ✓						
22/9/24	1+1 → 1862 ✓						
23/9/24	1+1 → 1902 ✓						
Date:							

Date _____

PHYSIOTHERAPY

[illegible]