

BILLING CARD

I Floor

G/W

Patient Name **Mrs.DHANALAKSHMI**
48.Female.MIIC202474475
22.09/2024/IPC2024002616

CASH

D.O.A. 22/9/24 Time 10:00pm

IP No. _____
Room No. _____

Dr.VALLIAMMAL K

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

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	

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
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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

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