

II Floor Non A/C

BILLING CARD

Patient Name Mr. SURESHKUMAR
29 Male/MIIC202474558

D.O.A. 23.9.24 Time 09.28 PM

IP No. 23.09.2024/PC2024002625

Room No. Dr. ARTHI

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>24/09/24</u>	OT No. : <u>1</u>
Surgeon : <u>DR. Ajay</u>	Start Time : <u>2.30 AM</u>
I Asst. Surgeon : <u>-</u>	End Time : <u>3.00 AM</u>
II Asst. Surgeon : <u>-</u>	Dis. Pack : <u>-</u>
III Asst. Surgeon : <u>-</u>	Diathermy : <u>-</u>
Anaesthetist : <u>-</u>	C-Arm : <u>-</u>
OT Nurse : <u>-</u>	Arthroscopy : <u>-</u>
Name of Surgery : <u>Endoscopy</u>	Laproscopy : <u>-</u>
<u>COT with side) Pyrufer</u>	Sevoflurane / Isoflurane : <u>-</u>
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine <u>-</u>
	Others : <u>-</u>

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]

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

24/9/24

urea, CT, CBC, Electrolytes, LFT, BT, coagul time (✓)

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

23 | 9 | 24
23 | 9 | 24

Ech
Chest xray

due
due

Lanham 31924
v.v. muthu

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS