

I floor
cash

BILLING CARD

Non / AC - Room - 14.

Patient Name Mr. SUBRAMANIYAN
75 Male/MIIC202474646

13 Yrs 75/m

D.O.A. 24.9.24 Time 10:42 AM

IP No. 24.09/2024/1PC/2024002646

Room No. Dr. SANKARTINGAM

Rent Per Day 1850/-

RANSFER 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 :	OT. No. :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

24/9/24 CBC, Urea, Creatinine, LFT, - 2411959
 24/9/24 Urine complete - 2411961

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

RADIOLOGY - ECG / ECHO / X-RAY / CT / MRI				
24/9/24	X-Ray	Chest PA	DUS	V-V. View 2024/2006
24/9/24	ECG		DUS	Unarray 2024/2007

24 19 124

Y. Ray
Ece

CH55T/PD

Due

V-V.П.П.П. 2024/2006
Г.П.П.П. 2024/2007

January 2024/2007

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS