

DD: 26/9/24 at 12pm

11 Floor

(41w)

BILLING CARD

CASH

Patient Name Mrs. SHEELA THANAVATHY

D.O.A. 24/9/24 Time 6.06pm

IP No. 65.Female.MIIC202474677

24.09/2024/IPC2024002649

Room No. Dr. ARTHI

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

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

24/9/24 CBC, RBS, Urea, creatinine, LFT, Electrolytes, widal, Dengue NSI (1978)

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

24/9/24
24.9.24

ECG
Chest. PA view

due

Kaosi 7
1979

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

24/9/24

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