

I floor
cash

BILLING CARD

Gen. ward- 13

Patient Name Mrs. PACHAIAMMAL

D.O.A. 27/9/24 Time 2:53 PM

IP No. 45 Female MIIC202474885

Room No. 27.09.2024/IPC2024002677

Rent Per Day 1500/-

Dr. CHRISTINA RAJKUMAR

RANSFER DETAILS

Date	Time	To	Nurse's Signature

OPERATION THEATRE

Date	: 27/09/24	OT No.	: 02
Surgeon	: Dr. christina Rajkumar.	Start Time	: 4:30 PM
I Asst. Surgeon	: -	End Time	: 5:00 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. Padmanaban.	C-Arm	: -
OT Nurse	: Rejina	Arthroscopy	: -
Name of Surgery	: F&L	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine ①amp
		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. :
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 :

LABORATORY

Date	
27/9	HB, BT, CT, PBS. Blood Group → 202412067.
27/9	urine ALbumin - 202412070.

[illegible][illegible]

Date _____

PHYSIOTHERAPY

[illegible]