

BILLING CARD

Patient Name **Mrs. KOMALA**
48, Female, MIIC202475003
29.09/2024/IPC2024002694
IP No. **Dr. MALINI**
Room No. 

CASH

D.O.A. 29/9/24 Time 09:19 AM

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 29/09/24	OT No.	: 3
Surgeon	: DR. MALINI	Start Time	: 11.00 AM
I Asst. Surgeon	:	End Time	: 11.30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. Ravi Kumar	C-Arm	:
OT Nurse	: SRI MATHI	Arthroscopy	:
Name of Surgery	: FIC	Laprosocopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2mg / Inj. Morphine	: 10mg
		Others	: Damp

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

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

29/9

ECA - 2143

Due

	CBG
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ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE

NUMBERS

DATE _____

NUMBERS

Date _____

	PHYSIOTHERAPY	
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	NEBULIZER
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OTHERS	
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DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

OPERATION THEATRE

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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

29/1/24 HB, BT, CT - 2024/2/39