

T floor
cash

BILLING CARD

Non-Ac - Room

D.O.A. 3/10/24 Time 6:22pm

Patient Name Mrs. YAMUNA

IP No. 31.Female.MIIC202475373

Room No. 03, 10/2024/IPC2024002742

Dr. CHRISTINA RAJKUMAR



Rent Per Day 1850/-

TRANSFER DETAILS

Date	Tin	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 04/10/24	OT No.	: 02
Surgeon	: Dr. Christina Rajkumar	Start Time	: 6.15 Am
I Asst. Surgeon	: -	End Time	: 7.15 Am
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Padmandhan	C-Arm	: -
OT Nurse	: Regina, yoka	Arthroscopy	: -
Name of Surgery	: LSCS	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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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

3/10 BT, CT - 262412347

[illegible]
$$3 \mid 10 \mid 24$$

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due

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

5/10/24

Karthika - PT

7/10/24

Karthika - PT

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

7/10/24

Dressing

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