

D.O.D- 6/10/24

11 floor General ward

BILLING CARDPatient Name **Mr. PRAKASH**

IP No. _____

Room No. _____

16.Male/MIIC202475439

04.10/2024/IPC/2024002753

Dr. ARTHI

D.O.A. 04.10.24 Time 06:43Rent 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
		/				/	

Nil

[illegible]

[illegible]

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

5.10.24	USG - Abdomen
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Due

Dr. Saravanan

5.10.24 VSG - Scrotum

Due

Dr. Saravahan

2430

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
		/			/		
						Nil	

Date _____

PHYSIOTHERAPY

[illegible]