

7 floors
cash

Carole

BILLING CARD

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 9/10/24 Time 4:31pm

Rent Per Day No Rent

B/O.VINITHA
0/Female MHC202475660
07/10/2024 IPC2024002791
Dr.ARAVINDH RAJHA P.S



TRANSFER DETAILS

Date	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]

[illegible]

OPERATION THEATRE

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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

10/10/24	BILIRUBIN - TOTAL , DIRECT, INDIRECT TEM PROFILE, BLOOD GROUP & RH TYPE	2412633
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