

2nd Floor
cash

BILLING CARD

Cardle



R/O.SANDHIYA
0/Male MHC202475780
09/10/2024/IPC2024002805
Dr.HUMAYOON

Patient Name

IP No.

Room No.

D.O.A. 9/10/24 Time 7:23

Rent Per Day No Rent

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
9/10/24	7:23 Am	Observation (NICU ward)	9/10/24 11 Am	S/N/ely

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

[illegible][illegible]

Date _____

PHYSIOTHERAPY

[illegible]

OPERATION THEATRE

Date :	OT. No. :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

11/10/24 Bilirubin Total, Bilirubin direct, Bilirubin indirect,
Blood grouping & typing, Thyroid profile free - 12673