

BILLING CARD

2 Floor CADL R

Patient Name

B/O.KANIMOZHI

0/Male/MHC202476039

IP No.

12/10/2024/IPC2024002533

Room No.

Dr.ARAVINDI RAJIA P.S

Dr.ARAVINDH RAJIA P.S

D.O.A. 12/10/24 Time 03:47 PM

Rent Per Day NO Rent

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
12/10/24	4pm	Observation (NICU warmer)	6pm ward	Inf 192

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]

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

15/10/24 } BILIRUBIN - TOTAL, DIRECT, INDIRECT. = 2412810.
 Room/ Group & Type, TEM PROFILE