

(55)

19:34

11 Floor Single Room No.

BILLING CARD

Patient Name Mr. RAJU
IP No. 38/Male/MHC202476041
Room No. 12/10/2024/IPC2024002836
Dr. ARTHI / Dr. RAVIKUMAR

D.O.A. 12.10.24 Time 06.04 PMRent Per Day 1850/-**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

[illegible]

OPERATION THEATRE

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

12/10/24 CBC, RBS, WBC, Creatinine, LFT,
Amylase, Lipase → 2703

13/10/24 Urine Routine 2 2721
Urine Culture 1

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

12/10/24	ECG	(1)	due	K. Brothers, 2703
12/6/24	X-RAY	CHEST PA	DUE	Shayne

[illegible]

Date _____

PHYSIOTHERAPY

[illegible]