

D.O.A: 15/10/24
D.O.D: 16/10/24 @ 4PM

58
II Floor Twin Sharing

BILLING CARD

Patient Name Baby.MAGESH BABU

D.O.A. 15.10.24 Time 04:08 PM

IP No. 3/Male MHC202476276

15/10/2024 IPC2024002862

Room No. Dr.ARTIJI / Dr.RAVIKUMAR

Rent Per Day 1700/-



ANSFER 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]

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Date

LABORATORY

15/10/24 CBC : CRP $\Rightarrow$ 2839

