

05/12/23

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

Patient Name Suresh kuma

Mr.SURESH KUMAR B

40/Male/MHM59997

04/12/2023/IPM2023000994

D.O.A. 04/12/23 Time

IP No.

Dr.PRASANNA

Room No.


Rent Per Day 2500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
4/12/23	5pm	ER	NICU	Kaveri

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 :
	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

OPERATION THEA TRE	
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

5/12/23 ~~0XR (3888)~~
 5/12/23 ~~ECG (3889)~~

CBG

CBG

~~5/12/23 (1) 3887~~
~~5/12/23 (2) 3922~~

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]