BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _ Mrs.KEERTHANA PRABHAKARA
27/Female/MHM63558
24/07/2024/IPM2024000612
Dr.VAISHNAVI GANESAN

D.O.A. 24/7/24 Time 7.30pm

IP No. _____

Room No. ____

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
24/7/24	10:20pm	ER	1st floor (112)	Gudo313

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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	:

LABORATORY

Date	
24/7/24	Sr. Electrolytes (5142) Urea/Creat (5142)
25/7/24	Electrolytes (5154) TBS (5157)
25/7/24	Evening Electrolytes [5173]

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

24/7/24	ECG (5142)		
25/7/24	ECG (5174)		

CBG

24/7/24	5+ (5142)		
25/7/24	2+ (5142)	6+ (5158)	
25/7/24	1 (5175)	1 (5178)	1 (5179)

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR Vaishnavi	25/7/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

for
Sister In-charge