BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mrs.LATHA D
34/Female/MHM64152
27/09/2024/IPM2024000881
Dr.SUVARNA P

D.O.A 27/9/24 Time 5:00 Am

IP No. _____

Room No. ___

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
27/9/24	5.45Am	ER	7th floor 114	Dhanalakshmi 3220.

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	:

Date	LABORATORY

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date (1)	Date (2)	Date	Date	Date	Date	Date
DR. SUVARNA	27/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Bill Amt. Rs. 2520.00	
BILL CLEARED : 2248 Sep 27 @ 2 pm. Paid	
RETURNS CHECKED :	

Other Procedures : (specify) :-

(FEATUS, PLACENTA & PRODUCTS) EXPELLED IN ROOM SIDE (114) BY DR. SUVARNA ON 27/9/24 @ 3 PM

Admission Officer : 2012

M. Reddy 3/M
Sister In-charge