OR - 10-30am

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Child.NAYAANI S
5/Female/MHM65396
21/01/2024/IPM2024000046
Dr.BALAKRISHNAN

Patient Name _____ D.O.A. 21/1/24 Time -

IP No. _____

Room No. _____ Rent Per Day 304

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/1/24	12.30P	ER.	IIIrd Floor Room: 304	Kirthana 302

OPERATION THEA TRE

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 THEA TRE

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
21/1/24	CBC, CRP, Urea, Creatinine (0383)
	Dengue NS1 (0387)
	Ferritin (0385)

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

24 Chest X-ray - (0386)

CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date (M)	Date (E)	Date	Date	Date	Date
Dr. Bala Krishnan.	21/1/24	22/1/24	22/1/24	23/1/24			
		2800					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 4127/-	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge