4:30PM 7/12/23 MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mrs. Mahesh Clari D.O.A. 5/12/23 Time 5:30 AM

IP No. _____

Room No. 309 Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/12/23	7.10 Am	ER	3rd Floor 309	M-Devi/254
6/12/23	10pm	309	303	R Mohana/08240

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
5/12/23	CBC, CRP, RFT, LFT, HPBRBC, lipid Profile, TFT (3890)
	Urine Routine (3917) Urine C/S (3915)
5/12/23	HbA1C (3895)
	Dengue Profile Elisa (3894)
	Flu panel (3916)
6/12/23	CBC, CRP, Na+, K+ (3941)
7/12/23	Na+, K+ CRP (3995)

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

5/12/23	ECG (389b)		
5/12/23	Chest (XR (389b)		

CBG

CBG

PHYSIOTHERAPY

Rs. 500 Y. per session

Date	
7/12/23	12:00pm

NEBULIZER

5/12/23	2
6/12/23	1+1+1
7/12/23	(1)+1

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Prasanna.	5/12/23	6/12/23	7/12/23				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Bill Amount = 1154.2	
BILL CLEARED : Refund Amount 2932	
RETURNS CHECKED : Bill Amount - 8660	

Other Procedures : (specify) :-

7/12/23

Admission Officer :

Sister In-charge