R.T 7:45 pm

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name _ Mrs.THANGAMMAL
52/Female/MHM66650
07/12/2023/IPM2023001006
Dr.SIVAKUMAR D.K.

D.O.A. 7.12.23 Time 1:30p.m

IP No. _____

Room No. _____ Rent Per Day 2500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/12/23	2-45Pm	ER	3rd floor	M-Dev/254

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
7/12/23	3pm	8/12/23	1AM

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
9/12/25	CBC, CRP, BFT, ESR (4016)
	Random Glucose (4059) Urine Routine analysis

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

7/12/23	~~Chest~~ x-Ray (4017)		
7/12/23	~~ECG~~ (4017)		

CBG

(1)

7/12/23	~~1~~ (4026) + ~~1~~ (4044)				
8/12/23	~~2~~ (4004) + 2 (4067)				

CBG

Date — PHYSIOTHERAPY

NEBULIZER

(5)

7/12/23	(0) (1) + (1)						
8/12/23	(1) + (2)						

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. [redacted]							
Dr. Siva Keerthana	7/12/23	8/12/23					
	1400						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 4142/-	
BILL CLEARED :	
RETURNS CHECKED : 8/12/23	

Other Procedures : (specify) :-

Admission Officer :

Sister ~~In-charge~~