

BILLING CARD

MH/ PRINT / 0007 / BILL / FO



Patient Name Mr. Srinivasan A

D.O.A. 14.09.24 Time 11 AM

IP No. IPM2074000826

Rent Per Day 1500/-

Room No. 309

TRANSFER DETAILS

Date		Time	From	To	Sister Signature
14/9/24		10:10 AM	10/10/24 ER	3 rd Floor 309	Sureka
14/9/24		6:50 AM	3 rd Floor	DCC	Dhanalakshmi
14/9/24		9 PM	DCC (Endoscopy)	3 rd Floor	Jalini

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
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

14/9/21 Endoscopy done (65 to) ~~BT~~ DR. PRANVITA

CBG

CBG

14/9/21 ~~BT~~ (65 to 62)

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. vaishnavi	12/9/24						
DR. Jayanirash (Nephro)	12/9/24						
Dr - Aravind	14/9/24	15/9/24					

PHARMACY

AMBULANCE

OT DRUGS REPLACED :
BILL CLEARED :
RETURNS CHECKED :

Other Procedures : (specify) :-

Admission Officer : *[Signature]*

[Signature]
Sister in-charge