BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Nam Mrs.VARALAKSHMI V 65/Female/MHMG2301254 06/08/2024/IPM2024000654

IP No. ____ Dr.ARAVINDH

Room No. _____

D.O.A. _____ Time 11.00 AM

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
6/8/24	11.30	E.R.	3rd Floor R-00303	Karthavani 302

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	:		
Surgeon	:	OT. No.	:
I Asst. Surgeon	:	Start Time	:
II Asst. Surgeon	:	End Time	:
III Asst. Surgeon	:	Dis. Pack	:
Anaesthetist	:	Diathermy	:
OT Nurse	:	C-Arm	:
Name of Surgery	:	Arthroscopy	:
		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	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

Sister ~~In-charge~~