BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs.VARALAKSHMI V
65/Female/MHMG2301254
19/09/2024/IPM2024000842
Dr.ARAVINDH

IP No. _____

Room No. ___

D.O.A. 19/9/24 Time 7.30 AM

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
19/9/24	9.30 am	ICU	III rd floor 307	

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	:	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
12/9/24.	HPE (Biopsy) (6639)

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

19/9/24	Colonscopy done Dr Babu vinish ( )
19/9/24	pet ct Attender pair on Anderson Scan
20/9/24	Endoscopy done by Dr. Aravinth.

CBG

CBG

Date — PHYSIOTHERAPY

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aravindh	20/9/24						

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Rep. Total Bill Amt. RS. 2852.00	
BILL CLEARED	:	NIL
RETURNS CHECKED	: paid	

Other Procedures : (specify) :-

19/9/24 Inj Ketamine ICC used in ICU

OT equipment –

Endoscopy / colonoscopy - yes.

Diet –

Admission Officer :

Sister In-charge