BILLING CARD

Ms.SHAHEL S JEMY
29/Female/MHMG2301502
22/01/2024/IPM2024000048
Dr.SARALA

Patient Name _____ D.O.A. 22/1/24 Time 10pm

IP No. _____

Room No. _____ Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/1/24	11.50pm	ER	3rd floor	Asha 13444

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
22/1/24	CBC (0418)
23/1/24	~~CBC~~, ~~RFT~~, ~~LFT~~ (0480) ~~BT~~, ~~CT~~ (0443)
	~~Free T~~ (0425) FSH (0426) ~~PT, APTT, INR~~ (042
	LH (0428) ~~Prolactin~~ (0429) ~~Fibrinogen~~ (0430)
	Sr. ~~Testosterone~~ (0431) ~~Progesterone~~ (0432)
	~~Oestradiol~~ (0437) Insulin (0433) ~~FBS~~ (0434)
23/1/24	PPBS, (0443)
23/1/24	Urine ~~R/E~~ (0451)
	Urine ~~C/S~~ (0452)

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

23/1/24	ECG (04:19)		
23/1/24	CXR done (04:44)	? done	by Dr. Preethi
23/1/24	USG Abdomen (04:19)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Sarala.	22/1/24	23/1/24	23/1/24	23/1/24			

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

Other Procedures : (specify) :-

3159

Admission Officer :

Sister In-charge