PA:- 10:30 8/12/23

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mrs. Archana T S D.O.A. 05-12-23 Time 10.00am

IP No. IPM2023000000

Room No. 111 Rent Per Day 4,000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/12/23	4PM	ER	1st floor	S/N Krishnave

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
5/12/23	CBC / CRP / RFT / LFT / HbA1c / urine Routine (3923)
5/12/23	Fever Pannel (3924)
5/12/23	Blood CIS (3925)
6/12/23	Thyroid profile, Lipit profile (3939)
7/12/23	CBC, CRP, Na^+ K^+ (4006)

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

5/12/23	ECG (3926)		
5/12/23	CXR (3926)		
6/12/23	USG Abdomen done by DR. Preethi mam (3974)		
7/12/23	HRCT Chest (Gloden scan ( ))		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

6/12/23	1 (02ST) + 1 ( )		
7/12/23	3 ( )		
8/12/23	1 ( )		

NEBULIZER

)			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Prasanna	6/12/23	7/12/23	8/12/23				
Dr. Indranil Banerjee	6/12/23						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill AMOUNT = 18521/-	
BILL CLEARED : Refund Amount 116₹/-	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge