R.T 1:00pm 09/12/23

BILLING CARD

Patient Name: Baby.ANAMIKA
0/Female/MHM202302752
08/12/2023/IPM2023001010
Dr.DHANASEKHAR K

D.O.A. 8/12/23 Time 10:00 PM

IP No. _____

Room No. ___

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/12/23	11.30PM	ER	3rd Floor	S/N Gokani

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
8/12/23	~~CBC / CRP~~ (4076)
	Blood / CIS (4077) (Axopril)

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

8/12/23	~~CXR~~ (4078)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER (5)

9/12/23	(3) + 1	+1					

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Dhana sekhar.	9/12/93						

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge

G. Sornalingam 3/12/93