14 DEC 2023

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Mrs.MAGESHWARI
41/Female/MHV202300691
13/12/2023/IPV00102
Dr.K.GAYATHRI MD

Patient Name _____ D.O.A. 13/12/23 Time 4.00pm

IP No. _____

Room No. 302 A. Double sharing NON/AC Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/12/23	4.00pm	Direct	ward.	M. Damu Sneha

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

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

CBG				CBG			
13/12/23	1						
14/12/23	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
13/12/23	1						
14/12/23	1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. GAYATHRI MD	14/12/23						

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

Other Procedures : (specify) :-

Admission Officer : 13/12/23

Sister In-charge