BILLING CARD

Patient Name Baby. R. maheshri D.O.A. 4/1/24 Time 12:15pm

IP No. 2024008125

Room No. G/w-F Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
4/1/24	12pm	Casualty	GW	[illegible] 2/6/4

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

Jan-40

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
4/1/23	CBC, CRP (00115)
5/1/23	Urine Complied (2024001172) Widal

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

RoP :- Dr. manivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr mahushwaran morning	4/1/24	5/1/24 11 PM	6/1/24 9am	7/1/24 Rem	8/1/24 9 AM	9/1/24 10am	
Evening	4.30 Pm	6PM			6 Pm		
N8	10pm	11 PM	10 PM	9 Pm			

Verified
AC

ACCOUNTS VERIFIED

PHARMACY	AMBULANCE
OT DRUGS REPLACED : ~~Tot~~ V. Jeyaraj.	
BILL CLEARED : No due.	
RETURNS CHECKED : Total : 4340.00	

Other Procedures : (specify) :-

9/1/24 at 10.30 pm
Vishal.

Admission Officer : ACR

Sister In-charge