

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. MURUGAPANTHAMD.O.A. 17/8/24 Time 19:30IP No. 2024001065Room No. 214Rent Per Day 1500/-**TRANSFER DETAILS**

| Date    | Time    | From      | To        | Sister Signature |
|---------|---------|-----------|-----------|------------------|
| 17/8/24 | 10:45pm | beesweety | 2nd floor | P. Vinodhini     |
|         |         |           |           |                  |
|         |         |           |           |                  |
|         |         |           |           |                  |
|         |         |           |           |                  |

**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 | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

**INFUSION PUMP****OXYGEN**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

**SYRINGE PUMP****ALPHA BED / SCD PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

**VENTILATOR**



[illegible]

Date \_\_\_\_\_

## LABORATORY

17/8/24

also ppt Sr electrolyte

~~RRS LFF~~

BRK0202402131

OP paid.



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

|         | RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER |
|---------|---------------------------------------------------------------------|
| 11/8/24 | ECG (BRKV202402131) OP Paid.                                        |
| 18/8/24 | CT Chest (0583) IP Paid.                                            |
| 17/8/24 | CT brain (OPKB202404264) OP Paid.                                   |
| 17/8/24 | X-ray Chest AP (BRKV202402129) OP Paid.                             |
|         | X-ray Spine AP/lateral (OPKB202404264) OP Paid.                     |
|         | X-ray Thor AP lateral (OPKB202404264) OP Paid.                      |
| 18/8/24 |                                                                     |
| 18/8/24 |                                                                     |
|         |                                                                     |
|         |                                                                     |

| CBG      |         |      |   | CBG |  |  |  |
|----------|---------|------|---|-----|--|--|--|
| 17/8/24  | CBG-2   | 0583 | ) |     |  |  |  |
| 18/8/24  |         |      |   |     |  |  |  |
| 16m      | (0505)  |      |   |     |  |  |  |
| 1pm      | (0542)  | (6)  |   |     |  |  |  |
| 19/08/24 |         |      |   |     |  |  |  |
| 6am-1    | (10559) |      |   |     |  |  |  |
| 1pm      |         |      |   |     |  |  |  |

## PHYSIOTHERAPY

## NEBULIZER



mmc

| CONSULTANT NAME | Date                     | Date                                    | Date                    | Date | Date | Date |
|-----------------|--------------------------|-----------------------------------------|-------------------------|------|------|------|
| Dr. Vinod Kumar | 17/8/24<br>W             | 18/8/24<br>H-22<br>W-22<br>6-15<br>W-22 | 18/8/24<br>H-22<br>W-22 |      |      |      |
| Dr. Jamuna MD   | 18/8/24<br>11-30 PM<br>W | 19/8/24<br>W                            |                         |      |      |      |
| Dr. Alex Mosey  | 18/8/24<br>(W)           |                                         |                         |      |      |      |
|                 |                          |                                         |                         |      |      |      |
|                 |                          |                                         |                         |      |      |      |
|                 |                          |                                         |                         |      |      |      |
|                 |                          |                                         |                         |      |      |      |
|                 |                          |                                         |                         |      |      |      |
|                 |                          |                                         |                         |      |      |      |
|                 |                          |                                         |                         |      |      |      |
|                 |                          |                                         |                         |      |      |      |

| PHARMACY                        | AMBULANCE |
|---------------------------------|-----------|
| OT DRUGS REPLACED : V. Jayaram  |           |
| BILL CLEARED : No due.          |           |
| RETURNS CHECKED : Tot: - 3452/- |           |

Other Procedures : (specify) :-

17/8/24 - 5 bits done by Dr. Asker (Gaurav)

Admission Officer :

Sister In-charge