11 JAN 2024

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

B/O.PRIYA
O/Female/MHV202401009
08/01/2024/IPV2024000015
Dr.(MAJOR) SATHISH KUMAR

Patient Name _____ D.O.A. 08/01/24 Time 05:15 PM

IP No. _____

Room No. Nursery ward. Rent Per Day - 0 -

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

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
11/1/24	ISH 3rd Generation (Hs ISH) . I4 Pro . Blood Group . Rh Factor . Bilirubin (Total . Direct . Indirect) (0193)

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

CBG				CBG			
8/1/24	1+1+1						
	1+1						
9/1/24	1+1+1+1						
10/1/24	1+1						
11/1/24	1+						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sathish Kumar	8/1/24	9/1/24 M	9/1/24 E	10/1/24			
Dr. Prem Kumar (Neuro)	10/1/24						

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

Other Procedures : (specify) :-

Admission Officer :
06/01/2024

Sister In-charge