BILLING CARD

Patient Name MS. SATHANASES.S D.O.A. 8/1/24 Time 10.50 PM

IP No. IPKB2024000036

Room No. CCU/F Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/1/25	11 pm	Casualty	CCU	2164.

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	:

LABORATORY

Date	
8/1/24	Dengue, Scrubtypa, CRP: [ERKO2024001P]
10/1/24	Plate, PS, PCV [202400309]

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
8/1/24	xray chest (ERK0202400[illegible]		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Ref: Dr. Ajay Sharma

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheshwaran Mrg	9/1/24 12pm	10/1/24 11am					
eve	6pm						
			Verified				
					ACCOUNTS VERIFIED		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyasri BILL CLEARED : No due. RETURNS CHECKED : Tot: 2631/-	

Other Procedures : (specify) :-

10/1/24 at 11.20am
Verified by
Vishi

Admission Officer :

Sister In-charge