MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name MRS- MOONAID D.O.A 8/1/24 Time 23:30Pm

IP No. 2024000037

Room No. 4111F Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
8/1/24	11:30pm	casualty	GW	P. [illegible] 8/1/24

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

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
8/1/24	RFT LFT CRP Amylase (~~ERKU2024000~~19 (ERKU202400109)

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

9/1/24	CT scan (Abd)	(IPREV2024003B20	

CBG

CBG

9/1/24	CBG (R)	(2400398)					
9/1/24	CBG	2400303)					
6/1/24	(R) CBG	(IPREV2024003B23)					

(3)

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Dr. Ravishankar. Chayabanu

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Niyamathkhan	9/1/24	10/1/24					
	Pharm	Pharm					
	OD	OD					
	W	W					
					Verified		
					AR		

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: V. Jayanthi	
BILL CLEARED	: No due.	
RETURNS CHECKED	: Tot:- 1126/-	

Other Procedures : (specify) :-

10/1/24 at 9.30am
varified by
KKL.

Admission Officer :

Sister In-charge