BILLING CARD

Patient Name Mrs. Muthu Kumaran. A. D.O.A. 27/6/24 Time 05:00am.

IP No. 2024000148

Room No. GIW/M Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
27/6/24	5'15PM	casualty	Ward	GN.Subaya

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

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

CBG			CBG		

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

MMC.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Mahesh	27/1/24	28/1/24	29/1/24				
Morning	9am	9am	11 PM				
Evening	6 PM	12pm	6 PM				
night							

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 3351/-	
BILL CLEARED :	
RETURNS CHECKED : Dae : 553/-	

Other Procedures : (specify) :-

B Amudha
29/1/24 Time: 7 A

Admission Officer :

Sister In-charge