BILLING CARD

Patient Name baby. Shanvika Sai D.O.A. 12/01/24 Time

IP No. 2024000060

Room No. 20 Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/1/24	12pm	Gen ward ty	2nd floor	

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
6/11/24	RBS ( )

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
10/11/24	Xray Chest	(OP Paid.	)

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr nageshwaran	12/12 6pm w 10pm w	13.12.24. 10 Am. w					

Verified

AB

AB

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 8685/- BILL CLEARED : RETURNS CHECKED : No due.	

Other Procedures : (specify) :-

2234

13/12/24

11.40

Admission Officer :

Sister In-charge