CR 2.45pm

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Master.RITHIGESH
7/Male/MHM202403290
17/01/2024/IPM2024000034
Dr.STALIN

Patient Name _____ D.O.A. 17/1/24 Time 3:30Am

IP No. _____

Room No. ___ Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/1/24	4:30am	ER	3rd Floor (309)	Sneha (313)

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
17/1/24	CBC CRP mpBC widal RA LA (0262) Urine Routine (0262)
17/1/24	Dengue NS1 IgM IgG (0273)
18/1/24	CBC (0302)
19/1/24	CBC (0325)

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

17/1/24	Chest xray (00264)
17/1/24	USG done.

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Stalin	17/1/24	18/1/24	19/1/24				

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

Other Procedures : (specify) :-

Admission Officer

3022

G. Sandhiya
3139
Sister In-charge