



BILLING CARD

Patient Name Mrs. K. Salima Beeri D.O.A. 19/1/24 Time 09:15am

IP No. 2024000094

Room No. 202

Rent Per Day 4000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
19/1/24	10AM	Casualty	2nd floor	Sh. Subhang
20/1/24	1:00pm	ICU		Sh. Subhang

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
19/1/24	9:30am	20/1/24	1:00pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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Date	LABORATORY
10/1/24	CBC, COP , PT , LE , TB , SSR , Serology (copied)
	81. Electrolytes (002400589)
10/1/24	HbA1c (2400746)
10/1/24	BSS, Electrolyte (002400772)

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

19/1/24
 Scy (202400589) (OP Paid)
 Echo (202400589)
 19/1/24 Chest X-ray (202400589)
 19/1/24 MRI Brain (202400589) (OP Paid) Hospital Ambulance
 (Repet Due)

19/1/24 CBG
 1pm (202400589) 22/1/24
 9PM (202400589) CBG - ① (907)
 2AM (202400589)
 1pm (202400589)
 CBG ① (202400811)
 CBG ① (202400589)
 21/1/24
 CBG - ① (202400589)

Date

PHYSIOTHERAPY

19/1/24 Limb Physio + Breathing ex.
 20/1/24 5.00pm Limb Physio ② 21/1/24

NEBULIZER

NEBULIZER

Ref:- V. Adhaseemas MBBS

[illegible]

ACCOUNTS
VERIFIED

Neel
10



PHARMACY

AMBULANCE

OT DRUGS REPLACED : ✓ *Jayashree*
BILL CLEARED : *No due*
RETURNS CHECKED : *Tot = 9429/-*

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge

verified by
J. Nithya 2015
22/12/24 at 10.50am