BILLING CARD

Patient Name Mr. R. Rajarajan D.O.A. 19/1/24 Time 23:00 pm

IP No. 2024000101

Room No. 205 Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
19/1/24	1 pm	Casualty	2nd floor	Priyadarshini 2/64

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			

Dr. niyamathullah Cesarean Case

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Mulla Hameed	20.1.24 W						
Dr. Niyamathulla	20.1.24 W	21.1.24 W					

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total : 8819 /-	
BILL CLEARED	:	
RETURNS CHECKED	: No due	

Other Procedures : (specify) :-

22/1/24 @ 04.1

Admission Officer :

Sister In-charge