BILLING CARD

Patient Name Dr. Praveen. D D.O.A 21/01/24 Time 19:00 Pm

IP No. 2024000119

Room No. 209 Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

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	:

LABORATORY

Date	
22/1/24	~~Platelet~~, RBS, PCV (931)
22/1/24	Blood group & type (0925)
21/1/24	Platelet, PCV (0928)
22/1/24	Urine Complete (2024012)
23.1.24	PCV Platelet (0966)
24.1.24	PCV, Platelet (20240123) (WBC 1023)
	~~PCV~~

IP Received 24/01/24

TWBC count ?

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

HMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jasmine	21/1	22/1	23.1.24				

ACCOUNTS VERIFIED

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Due :- 988/-	
RETURNS CHECKED : Tot :- 988/- + 6399 +	

Other Procedures : (specify) :-

2234

24/1/24

Admission Officer :

Sister In-charge