R.T 3:00 pm

BILLING CARD

Patient Name _ Ms.ROSHINI R
17/Female/MHM202403349
21/01/2024/IPM2024000045

IP No. _____ Dr.INDRANIL BANERJEE

Room No. ___

D.O.A. 21/1/24 Time 9:00 AM

Rent Per Day 7500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21.1.24	11pm	ER	ICU	S/N. Chethana 3rd fl
22.1.24	3pm	ICU	3rd fl 309	S/N Gomathi 3rd fl

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
21.1.24	11pm	22/1/24	2.30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
21.1.24	11.30pm	22/1/24.	2.40pm

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
21.1.24	CBC. RFT. LFT. CRP (0380)
	TFT (Free), HbA1c, Lipid profile (0387) (0388)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
21.1.24	CXR (0391)		
21.1.24	CXR (0392)		
21.1.24	ECG (0390)		

CBG				CBG			
21.1.24	2 (0389)						
22/1/24	1 (0397)						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Indrajith	21.1.24	22/1/24	23/1/24				
Dr. Siva (ICU)	21.1.24						
Dr. Muruggappan (psychiatric)	22.1.24	~~Cost~~ POD					

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

Other Procedures : (specify) :-

Rylestab done 21.1.24 A/E

Admission Officer

Sister In-charge