BILLING CARD

Patient Name Child · KAMALS · S/O · V D.O.A. 21/1/24 Time 06:30 PM

IP No. 2024000117

Room No. 41W/F Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/1/24	6PM	Casualty	General ward	Subareea S/N

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			
21/1	Neb-SFS (10)						
22/1	Neb-10						
23/1	Neb-3+2						

DR. KANAGAGIRI Locum copy

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kanagagiri	21/1/24 W	22/1 W	23/1 W				

ACCOUNTS VERIFIED

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyasri	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot : 2502/-	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge