BILLING CARD

Patient Name Mrs. Abika D.O.A. 26/01/24 Time 21'46

IP No. 2024100642.2

Room No. 211 Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/1/24	10PM	Casualty	Dr Ref	S/N Subani

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	Disconnec

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnec

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnec

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
26/1/24	CBC, RBS, RFT, (OPKB2024000358)
	Urine complete (OPKB2024000358)
~~27/1/23~~	~~Motion occult blood, ova cyst ( )~~

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

26/1/24	CT Abdomen & pelvis (oppaid)		(OPKB 2024008[illegible]357) OP paid
26/1/24	ECG (OP14320 2400358)		OP paid.

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref (Jinna hospital)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	27/1/24 11:45Am						
Dr. Ananth M.S.	27/1/24 1.30pm.						

Verified

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Due: 143 —	
RETURNS CHECKED : Tot: 2248/-	

Other Procedures : (specify) :-

Verified by.
T. Kaveri.
2206
27/1/24 at 2pm

Admission Officer :

Sister In-charge