



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. K. SrinivasanD.O.A. 28/1/24 Time 08:30 PMIP No. 2021000950Room No. 2/11/1Rent Per Day 1500

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
28/1/24	8 PM	Casualty	Ind Floor	Sri Bay

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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	Inj. Fentanyl :
	Others :

[illegible]

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

28/1/24 CT Brain (Screening) CT Facial Bone
 Xray (R) Knee (ap/lat), (L) Hand (ap/lat)
 (OP RD) (OP KB2024 00416)

CBG

CBG

29/1/24 CBG (1) (1244)

30/1/24 CBG (2) (1323)

(4)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

1000

[illegible]

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 4747 /-	
BILL CLEARED :	
RETURNS CHECKED : No due .	

Other Procedures : (specify) :-

Suture bite 3

Admission Officer :

Verfiochy
L. Nithy 9222

20/11/24 १५:००

Sister In-charge