BILLING CARD

Patient Name Baby- SHATHIVA SPS.C D.O.A. 8/2/24 Time 01.00 AM

IP No. 0021000[illegible]

Room No. Ward / C Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/2/2024	1 am	Casualty	Ground	

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
1/2/24	CBC, CRP (IP raised) C: 2401014)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Mahishwaran	1/2/24 3pm	2/2/24 9am					
	8pm	6pm					
				Verified			
				A			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 1919/-	
BILL CLEARED :	
RETURNS CHECKED : No due.	

Other Procedures : (specify) :-

2/02/2024 at 6.50pm
Verified by

Admission Officer :

Sister In-charge