BILLING CARD

Patient Name MRS. SHANTHAKUMARI.V D.O.A. 01/2/24 Time 02.00AM

IP No. 2024000477

Room No. 41W/F Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/2/24	2pm	casualty	Ward.	

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
2/1/2024	CBC. RBS. RFT. Sr Electrolytes HbA1c. (2024001445) (OP Paid) (BRKU2024001445)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
2/2/24	ECG (BRKI2024000445) OP Paid	(BRKI2024000445)	
1/2/24	CT Brain (OP Paid)	(BRKI2024000444)	

CBG				CBG			
1/2/24	CBG-BRKI2400457)						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Ref: Dr. Daniel (Rama)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna.	1/2/24 (11am)						
Dr. Rajarajan (P.D)	1/2/24						
			Verified				
			AC				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 1956 BILL CLEARED : RETURNS CHECKED : NO: Dee	

Other Procedures : (specify) :-

Verified by
B. Amutha 01/02/24
4.45 PM

Admission Officer :

Sister In-charge