BILLING CARD

Patient Name Baby. V. Harish D.O.A. 01/2/24 Time 12:50

IP No. 2024000180

Room No. G/w-m Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
01/2/24	6:40pm	casualty	G/W	

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	[illegible]
	(BC, CRP (IP Raised) (1465)
4/2/24	CRP (240103s)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
1|2|24			

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
1|2|24	Neb-(1)						
2|2|24	Neb-(5)						
3|2|24	Neb-(5)						
4|2|24	Neb-(2)						
4|2|24	Neb-(3)						
5|2|24	Neb-(3)						

(13) 5/2/24

(19)

Ref :- Dr. maheshwaran.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr maheshwaran	1/2/24 8pm	2/2/24 8am.	3/2/24 8AM	4/2/24 9AM	5/2/24 9am.		
Evening.		6pm	7pm	6pm	3pm		

Verified

ACCOUNTS VERIFIED

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyanthi.	
BILL CLEARED : No due	
RETURNS CHECKED : Tot :- 3884/-	

Other Procedures : (specify) :-

Verified by Sr Kavitha 8/2/24

Admission Officer :

Sister In-charge