BILLING CARD

Patient Name Child. SUBASHINI-S D.O.A. 2/2/24 Time 09.20pm

IP No. M0240000185

Room No. 01/401F Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/2/24	9.15pm	ER	Gl ward	

OPERATION THEATRE

Date :
Surgeon :
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist :
OT Nurse :
Name of Surgery :

OT No. :
Start Time :
End Time :
Dis. Pack :
Diathermy :
C-Arm :
Arthroscopy :
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	Disconne

OPERATION THEA TRE

Date	:		
Surgeon	:	OT. No.	:
I Asst. Surgeon	:	Start Time	:
II Asst. Surgeon	:	End Time	:
III Asst. Surgeon	:	Dis. Pack	:
Anaesthetist	:	Diathermy	:
OT Nurse	:	C-Arm	:
Name of Surgery	:	Arthroscopy	:
		Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

LABORATORY

Date	
2/2/24	CBC, CRP, ESR, S. IgE, AEC (20240005216) on pmt.
3/2/24	Stool occult blood (1545)

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

CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

DR. MAHESHWARAN (Ourcus)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheshwaran	3/2/24	4/2/24	5/2/24				
	8 am	9 am	9 am				
	7 pm	6 pm	6.48 PM				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 830	
BILL CLEARED : ~~Nil~~ Due : 144	
RETURNS CHECKED : P. Kala.	

Other Procedures : (specify) :-