BILLING CARD

Patient Name Baby. K. Athishba D.O.A 3/2/24 Time 16:20 pm

IP No. 2024000191

Room No. 202

Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/2/24	4.20pm	casvulity	2nd Floor	Subarna. Nij2225

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
4.2.24	motion stool redmud (1586) 1586 sustmd. (Primegen)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

Ref :- Dr. Narayana

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Da
Dr. maheswaran	3/2/24	4/2/24	5/2/24 10pm				
	6pm.	6pm	6pm				

ACCOUNTS VERIFIED

Verified AO

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	V. Jyothi	
BILL CLEARED :	No due.	
RETURNS CHECKED :	Tot: 921/-	

Other Procedures : (specify) :-

Verified
J. Nit
5/2/24 at

Admission Officer :

Sister In-charge