BILLING CARD

Mrs.MAHALAKSHMI J
28/Female/MHM202403529
04/02/2024/IPM2024000080
Dr.INDRANIL BANERJEE

Patient Name _____ D.O.A. 4/2/24 Time 12:45 AM

IP No. _____

Room No. _____ Rent Per Day 7500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/2/24	2.10 pm	ER.	Dcu.	S/N. Racheal
4/2/24	3PM	ICU	3rd floor 302	RMohanap 8240

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
4/2/24	2[15] pm	4/2/24	10am

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
4/2/23	CBC / RFT / LFT / CRP / PCT (0694)
	32 vit. D3 (0702) Sr. Magnesium (0695)
	VBG (0701) Serum Ketone (0703)
	HbA1c (6114) Urine RE Urine Ketone (0715)
5/2/23	FBS (1) Lipid Profile ( )

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

4/2/24	ECG (0696)		
4/2/24	CT ~~chest~~ brain done by Gemini g cas	Aminji kalai	(0727)
4/2/24	[illegible] (CCD)		
4/2/24	EEG (3150)		

CBG

4/2/24.	+ (0696)	+(2)(0717)	) ~~+ ( )~~				

Date	PHYSIOTHERAPY

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Indrani (Pul)	4/2/24						
Dr. Kaushik (Neuro)	4/2/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 3008/-	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer

Sister In-charge