07 FEB 2024

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

07 FEB 2024

Mrs.SUDHA
45/Female/MHV202401314
05/02/2024/IPV2024000072
- Dr.JOTHI

Patient Name _____ D.O.A. 05/2/24 Time _____

IP No. _____

Room No. Triple Sharing NON AC - 302 - A Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
05/02/24	1.15pm.	ER.	Ward	S. Fathy 0014.

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				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	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
6/2/24	Glucose (Random), Glucose (PP2hours), HBA1c (0727)
6/2/24	CEA/ AFP / CA125 / LDH (0733)
7/2/24	LIPID PROFILE (0756) Urine Routine (0766)

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

CBG				CBG			
5/2/24	1+1 ~~7+77~~						
6/2/24	2+						
7/2/24	1+1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jyothsna (OG)	5/2/24						
Dr Sivaji (URO)	5/2/24 at 10pm	6/2/24 5pm	7/2/24 5pm				
DR. GAYATHRI M.D	6/2/24 10:14am	7/2/24 10am					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : 05/02/24

Sister In-charge