BILLING CARD

Patient Name Mrs. Saroja, A D.O.A 28/5/24 Time 11:15am

IP No. 2024000735

Room No. 214/2 Rent Per Day 1500

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
28/5/24	12:00 PM	casualty	2nd Floor	

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

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Dr. Kavitherpes (owner)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kavitherpes	28/5/24 12pm						

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: V. Jeyam.	
BILL CLEARED	: No due.	
RETURNS CHECKED	: Tot: 879-	

Other Procedures : (specify) :-

R. Ilakkiya
28/5/24 @ 3Pm.

Admission Officer :

Sister In-charge