BILLING CARD

Patient Name Child. SAHANAS. S D.O.A. 10/2/24 Time 02.30 PM

IP No. IP2024000227

Room No. G/W/F Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/2/24	2pm.	Casualty	G-ward.	Dr 2182.

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	Disconnec

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disco

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
10/2/2024	CBC. Widal. mp/MF; Dengue (IgM, IgG, NS1) Blood Culture and Sensitivity, Urine Sensitivity, peripheral Smear ( )

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			
12/2/24	Neb - (b)		

NEBULIZER			

Pt. Name.

DR. SAMBASIVAM (Own Case)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR Sambasivam	10/2/24	11/2/24	12/2/24				
Evening	5:30pm	4:00pm	3:15pm				
Night	8:30pm						

2000 for

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 2955 BILL CLEARED : NO: Due RETURNS CHECKED : Q.long	

Other Procedures : (specify) :-