13 FEB 2024

MH/ PRINT / 0007 / BILL / FO

Mrs.R.JANAKI
45/Female/MHV202401377
11/02/2024/IPV2024000091
Dr.K.GAYATHRI MD

BILLING CARD

Patient Name _____ D.O.A. 11/02/24 Time 12:50pm

IP No. _____

Room No. Single room A/C - 316 Rent Per Day 2200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/2/24	12.50pm	ER	ward 316	

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
12/2/24	CBC (0866), IGE (IMMUNOglobulin E) (0878)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
12/2/24	CT Chest IP (0879)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
11/2/24	1+1						
12/2/24	1+1+1						
13/2/24	1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GAYATHRI M D	12/2/24 @ 10am	13/2/24 10 AM					

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

Other Procedures : (specify) :-

11/02/24

Admission Officer :

Sister In-charge