BILLING CARD

Patient Name MRS. SHARMI. R D.O.A. 2/3/24 Time 8:00pm

IP No. IPM2024036423

Room No. _____ Rent Per Day 1500

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/3/24	8:30pm	ER	3rd FLOOR	Thilaga 3/3/24
3/3/24	7:30 am	3rd FLOOR	OT	Vidhya 3/3/24
3/3/24	8:45am	OT	3rd FLOOR	S/N Rubavi 3/3/24

OPERATION THEA TRE

Date	:	03/03/2024	OT No.	:	
Surgeon	:	DR. SARALA	Start Time	:	07:45 Am
I Asst. Surgeon	:		End Time	:	08:45 Am
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	USED
Anaesthetist	:	DR. PAUL PRAVEEN	C-Arm	:	
OT Nurse	:		Arthroscopy	:	
Name of Surgery	:	(LT) BREAST MRM. GA	Laproscopy	:	
			Sevoflurane / Isoflurane	:	
			Inj. Fentanyl	:	1 AMP
			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

3/3/24	2 (1444) + 2 (1452)		
4/3/24	1 (1455) + 1 (1428)		
5/3/24	1 (1479)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SOROLO	2/3/24	3/3/24	4/3/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 15323/-	
BILL CLEARED :	
RETURNS CHECKED : 07/3/24	

Other Procedures : (specify) :-

Admission Officer : 30/3

Sister In-charge