MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Mr. P. Murugesan D.O.A. 12/2/24 Time 4.15 PM

IP No. 202400247

Room No. 202 Rent Per Day 2000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
12/2/24	4.10pm	ER	IInd floor	[illegible]

OPERATION THEATRE

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
13/2/24	CBC, Electrolytes, Trop-I (OP paid). 202400719
	HbA1c, RFT (OP paid) 202400618
14-2-24	Lipid Profile (2020)

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

12/2/24	~~ECG~~. ECG-1 (202400618)	TOP	paid.
14/2/24	ECG 202400 2008	Age	paid.

CBG

13/2/24	CBG-(1)	(2024	00618)				

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Praveen NC	13.2.24						
Dr. Jamuna	14/2/24	15/2/24.					

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total: 2082	
BILL CLEARED	: NO: Due	
RETURNS CHECKED	: P. Kala.	

Other Procedures : (specify) :-

Billing and verified on 14.2.24 at 11.15pm.
[signature]