BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. HARIPRASath.B D.O.A 24/9/24 Time 13:00Pm

IP No. 2024001233

Room No. 214/1 Rent Per Day 1500

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
24/9/24	1:50pm	casualty	2nd Floor	

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 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	:

Date	LABORATORY
24/9/24	CBC (OPKR20240506O) OP Paid.
25/9/24	platelet, PCV ( )
26/9/24	Platelet - PCV (2267)
27/9/24	PLT, PCV (12314) PLT, (2328)

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

CBG

25/9/24 6am (12200)

2-9-24 (Bur (2) (235

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Gayathri sis. brother

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr - Jeevan.	25/9/24	26/9/24	27/9/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyam BILL CLEARED : No dues RETURNS CHECKED : Tot :- 3796/-	

Other Procedures : (specify) :-

verified by
B Hasini
27/9/24

Admission Officer :

Sister In-charge