MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mrs. Sathya.

D.O.A. 28/2/24 Time 08:00 am

IP No. 202400327.

Room No. DW

Rent Per Day 4100/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/2/24	9am	Casualty	ICU	Suparna.
29/2/24	10-30am	ICU	2nd Floor	S/N [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
28/2/24	10am	29/2/24	10-30am

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
28/8/24	CBC, CRP, RFT, LFT, PBS, ESR, LDH, D-dimer, HbA1c
	Serology, Sr. Electrolytes (20240163.)
29/2/24	pbs. electrolyte (20240282)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
28/2/24.	Echo (20240280б)		
28/2/24	ECG (204018073)		

CBG				CBG			
28/2/24 @ 1pm	(202402803)						
9pm	(202402820)						
29/2/24 2 AM	(202402820)						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	28/2/24 JM	29.2.24 W					
Dr. praveen.	28/2/24. Dr.						
Dr Palaniyappan	29/2/24 @ 2am. ICU.						

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Nil. MR	
BILL CLEARED	: TOTAL - 5914/-	
RETURNS CHECKED	: No due	

Other Procedures : (specify) :-

D Ryles tube done by casualty

Admission Officer :

Sister In-charge