

C.R - 8-30am 29.02.24

MH/PRINT/0007/BILL/FC



BILLING CARD

Patient Name _____

Mrs. NAVEETHA S

34/Female/MHM202403888

28/02/2024/IPM2024000162

IP No. _____

Dr. INDRA NIL BANERJEE

Room No. _____



D.O.A. 28/2/24 Time 9.10 am

Rent Per Day 7500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
28/2/24	11.15am	ER	DW	S. Rachel. 3170

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
28/2/24	11.30am	29/2/24	11.15pm

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	:	Laproscope	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

LABORATORY

28/2/24 ~~CAC, RAT, LFT, TPT (Total) Urine Routine~~ (1348)

28/2/24 ~~Urine culture~~ (1350) ~~RBS~~ (1351)

29.2.24 Thyroid profile (Free) (1373)

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

28/2/24 Chest X-ray (Redside) (1349)

28/2/24 ECG (1349)
ABG

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

