



BILLING CARD

Patient Name Child. Nithya Sri

D.O.A. 5/3/24 Time 12:05am.

IP No. 202401773

Room No. 207

Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/3/24	1pm	Case 207	II nd floor	R. Vinodhini

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	Inj. Fentanyl :
	Others :

Date

LABORATORY

5/3/24 CBC, CRP, PFT, RBS, Sr. Electrolytes, Serology
(FRLW 202400820)

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

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / PET			
S/3/24	CT Brain	(20240801)	(cf)
	chest	"	

5/3/24	MR, Brain Drain Scan	Hospital Ambulance.
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6/3/24	Sugam Hospital. ECG + BN Sundharan's opinion.
	Pt Paid. Hospital Amb

CBG			(0/1)
3/3/24	CBG	(20240080)	1
5/3/24			
7am	(3067)		

5/3/24
7am

(3067)

CBG

Date _____

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref (Dr. Palani Rajan) Ref (Mathi Ambulance) 2000/-

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Maheswaran	6/3/24	6/3/24	7/3/24				
morning	11pm	2pm	11.00pm				
	11pm	10pm					

PHARMACY

AMBULANCE

OT DRUGS REPLACED : Total: 3534
BILL CLEARED : Due : NO
RETURNS CHECKED : P. Koley.

Other Procedures : (specify) :-

verified by
L^x Nithya 22/25
7/3/20 at 1.15 PM

Admission Officer :

Sister In-charge