BILLING CARD

Patient Name Mrs. S. Ome D.O.A. 07/3/24 Time 20:15 pm

IP No. 2024000179 5

Room No. 205 Rent Per Day 2000/

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/3/24	8.15pm	Casualty.	2nd Floor.	SN Baby Jas.

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

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
7/3/24.	CBC (2024008776)
7/3/24.	RFT, RBS, LFT, Sr-Electrolytes, Dengue (Igg, Igm, Ns1) Blood peripheral smear, Serum typhi Elisa (Igg (Igm) CRP, C
08/03/24.	platelet Count, PCV (3231)
9.3.24.	Platelet (3296)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
7/3/24.	ECG, Chest xray (	)	

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Praveen MD	7/3/24						
Dr. James.	8/3/24	9/3/24 (Pharmacy)					
Dr. Praveen.	9'						

Verified
AG

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyanthi	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot:- 1620/-	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge