BILLING CARD

Patient Name Child. Sri neha D.O.A. 6/3/24 Time 20:15

IP No. 2024000364

Room No. 215 Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
6/3/24	9PM	Casualty	IInd floor ICCU	[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

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
6/8/24	CBC, CRP, PT, Sr. Electrolytes IP raised. (~~Paid~~) -3153

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Ref (Dr. Manivannan)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr-methylmmm mor.	6/3/24	7/3/24 11am	8/3/24 11am				
aftern.							
night	10pm.	7pm.	5pm				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyas BILL CLEARED : No due. RETURNS CHECKED : Tot: 3309/-	

Other Procedures : (specify) :-

verified by
B. Kavi
3-45 8/3/24

Admission Officer :

Sister In-charge