BILLING CARD

Patient Name Ms. Nega. D.O.A. 6/3/24 Time 20:15

IP No. 2024000865

Room No. 215 Rent Per Day 1500 /-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/3/24	9'15PM	casualty	2nd Floor	SN Subasini

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
6/3/24	CBC, CRP, RFT, Sr. Electrolytes (OP Paid) IP Raised (3
7.3.24	(U) routine. complete, (U) culture sensitivity (IP raised

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 mahalingam.	6.3.24	7/3/24	8/3/24				
mor.		10am	11am				
aftern		"	"				
Night	10pm	7pm	8pm				
	"	"	"				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyaraj.	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot:- 3317/-	

Other Procedures : (specify) :-

Verified by
B. Haroni
3.45 8/3/24

Admission Officer :

Sister In-charge