BILLING CARD

Mrs.SHANTHI SINGH
60/Female/MHM202404055
10/03/2024/IPM2024000195
Dr.SIVAKUMAR D.K.

Patient Name _____ D.O.A. 10/03/24 Time 5:00pm

IP No. _____

Room No. 309 Rent Per Day 1,500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/3/24	6.15PM	ER	3rd floor (309)	Anothea.

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
10/3/24	CRP, CBC, ESR (1642) Dengue NS1 Elisa (1643)
11/3/24	RFT (1650)

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

CBG

10/3/24	2+ (164)	2+ (164)	2+ (164)	+2 (165)		
11/3/24	2+ (165)	2+ (165)	2+ (165)	3+1 (167)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sivakumar	10/3/24	11/3/24	11/3/24.				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer

Sister In-charge