BILLING CARD

Patient Name Mrs. Junaitha begam D.O.A. 11/3/24 Time 16:30Pm

IP No. 2024000384

Room No. 205 Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/3/24	5pm	casuality	2nd floor	P. Vinodhini RN

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
11/3/24	CBC. CRP. (PKB20240188 7) OP Paid.
	RBS (2024 0188 OP Paid (OPKB20240185)
12.3.24	Sputum culture (3379)
12/3/24	UPC. (0784.)

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

11/3/24	~~Xray Chest :~~ ~~(203,1001887)~~ (OP Paid) (OPK132024185)
12/3/24	ECG (3380)
12/3/24	~~HRCT~~ Chest (3380)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

11/3/24 Neb : 9pm (1)
10pm (1)
6Am (1)

12/3/24
9Am - (1)
10pm - (1)

6am - (1)

13/3/24
9Am - (1)
3Am - (1)
9pm - (1)

NEBULIZER

6am (1)
9pm - 1

NMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. JAMUNA	12/3/24	18/3/24 @ 12 pm					
Dr. Subashini	11/3/24						

Verified

PHARMACY

OT DRUGS REPLACED : Total : 4678/- 23912

BILL CLEARED : JH. Mu

RETURNS CHECKED : No due

AMBULANCE

Other Procedures : (specify) :-

verified in Book 12/3/24 @ 5.35 pm

Verified by B. Hariri 12:58 12/3/24

Admission Officer :

Sister In-charge