BILLING CARD

Patient Name Mrs. A. Vairam D.O.A. 13/3/24 Time 9:20pm

IP No. 2024000391

Room No. IW Rent Per Day 4100/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/3/24	2.30pm	ER	IW	R.D 2220

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
13/3/24 (2)	2pm	15/3/24	12-pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
13/3/24	2pm	15/3/24	12-pm (2)
13/3/24	6pm	15/3/24	12-pm (2)

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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	:

Date	LABORATORY
13/3/24	CBC, RFT, LFT, Sr. Electrolytes, RBS, Urine routine OP paid (20240000150) Blood group & Rh Type (2024000
13/3/24 13/3/24	PS, scrub typhus, C.P.P (202403420, 202403421 Bld c/s, urine c/s (202403420)
14/3/24	FBS, Electrolyte (202403434) CBC (202403451)
14/3/24	Dengue IgG, IgM, NS1 (2403453)
14/3/24	Urea, creatinine (202403455)
15/3/24	FBS, Electrolyte, CBC, RFT (202403468)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
12/3/24	~~ECG~~ - 1 (202400150)		
13/3/24	~~Chest xray bedside~~ (2024034920.]		
13/3/24	Echo (2024034920)		
13/3/24	~~Abdomen bedway~~ (2024034920.]		

CBG				CBG			
13/3/24	① (202400150)						
CBG ① (2024034920)							
4pm (202403434)							
2am (202403434)							
14/3/24 pm (202403455)							
4pm (2024034 68)							
15/3/24 2am (2024034 68)							
15/3/24 11pm (2024034 68)							
15/3/24 1pm ( )							

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr-Jamuna	13/3/24	14/3/24	15/3/24				
Dr-praveen	13/3/24	14/3/24					
Dr. Vinothkumar	13/3/24	14/3/24					
Dr-Anand (MS)	13/3/24	14/3/24					
DR. Asha valentine	14/3/24						
DR. Ramanujam	14/3/24			Verified		H/2	

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 13834/-	
BILL CLEARED :	
RETURNS CHECKED : No due.	

Other Procedures : (specify) :-

13/3/24
* Catheterization done by casualty

14/3/24 @12am 1 ⊙ whole blood transduced.

Verified by
S/N. Suyog
15/3/24

Admission Officer :

Sister In-charge