BILLING CARD

Patient Name Baby. Kowshik D.O.A. 15/8/24 Time 14:00

IP No. 2024000406

Room No. G/W/M Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/8/24	3PM	casualty	G.ward	dr Vinodhini

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	Disconne

ALPHA BED / SCD PUMP

e	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Dis

OPERATION THEA TRE

	OT. No. :
Date :	Start Time :
Surgeon :	End Time :
I Asst. Surgeon :	Dis. Pack :
II Asst. Surgeon :	Diathermy :
III Asst. Surgeon :	C-Arm :
Anaesthetist :	Arthroscopy :
OT Nurse :	Laproscopy :
Name of Surgery :	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

Date	
15/3/24	CBC, CRP (mKB · 2021 2po(2/5 3)

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

16/3/24	17/3/24	18/3/24
(3)	(5) (2)	(1)
	18/3	(9)

NEBULIZER

Ref (Dr. Manivannan)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kanagagiri	15/3/24	16/3/24	17/3/24	18/3/24			
	4pm	9 AM	9am	9am			
	10pm	10.30pm	5Pm				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 8903 /-	
BILL CLEARED :	
RETURNS CHECKED : No due.	

Other Procedures : (specify) :-