BILLING CARD

Ms.PURANI.M
32/Female/MHC202410997
18/03/2024/IPC2024000857
Dr.ARTHI

Patient Name M (2/F) D.O.A. 18/3/24 Time 08.56 pm

IP No. _____

Room No. 5, Rent Per Day 1850/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

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

DOA : 18/3/24 at : 8.56 pm
DOD : 20/3/24 at : 5.00 pm

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR : Chenni (MD)	19/3/24	20/3/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : —	
BILL CLEARED : Nil	Nil
RETURNS CHECKED : Nil	
S. Saranya.	

Other Procedures : (specify) :- Diet consultation.

3 Nil

Nil

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
18/3/24	CBC, LFT, Electrolytes, Urea, Creatinine } 4099

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

18/3/24	X-Ray Chest ECG	Dr.	4099
19/3/24	CT Brain (plain)	Dr.	

CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER