

INS ?

11 floor

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

52

Patient Name -

Child.DHARSHITHA

9/Female/MHC202411070

19/03/2024/IPC2024000864

IP No. _____

Dr.ARAVINDH RAJHA P.S

Room No. _____



NON-AC

D.O.A. 19/3/24 Time 2.56pm

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 : 19/3/24 at : 2.16 pm

DOD : 21/3/24 at : 2.00pm

[illegible]

PHARMACY

AMBULANCE

OT DRUGS REPLACED :

BILL CLEARED :

RETURNS CHECKED :

1832/

70

Other Procedures : (specify) :-

287

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

21-3/24 wine Routine $\Rightarrow$ 4217

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER