

2 Floor

59(1)

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

Patient Name **Mr. GUGAN**
 34/Male/MHC202411216
 IP No. 20/03/2024/IPC2024000881
 Room No. Dr. ARTHI

D.O.A. 20/03/24 Time 11:36pm

Cash or Insu

Rent Per Day 1500

RANSFER 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

DON : 22/3/24 at : 3.00pm

[illegible]

PHARMACY		AMBULANCE
OT DRUGS REPLACED :		
BILL CLEARED :		
RETURNS CHECKED :		

Other Procedures : (specify) :- Diet consultation

3 mit



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

20/3/24 ECCA (1) due K. Swella 4279

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

21/3/24 1+1

22/3/24 1

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

uric creatinine, LFT, sputum AFB, sputum culture
 ⇒ 4215