II-FLOOR Cabin (59) 1

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mrs.CHANDRA KALA
47/Female/MHC202411275
21/03/2024/IPC2024000888

IP No. Dr.ARTHI

Room No.

58/F D.O.A 21/3/24 Time 12:20PM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature

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	:

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 : 21/3/24 at : 12.20pm
DOD : 22/3/24 at : 2.00pm

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Chenni (MD)	22/3/24						

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

Other Procedures : (specify) :- Diet Consultation

nil

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

21/03/24	ECG	Due	Sudha
21/3/24	[illegible] CHEST PA	DVT	21-3-24 M 4283

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

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