II Floor. ward no MH/ PRINT / 0007 / BILL / FO

BILLING CARD

(59)

Ms.SRIDEVI
20/Female/MHC202411290
21/03/2024/IPC2024000890
Dr.ARTHI

Patient Name

IP No.

Room No.

CASH D.O.A. 21/3/24 Time 04.59pm

Rent Per Day Rs. 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERA TION 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 : 21/3/24 at : 4.59 pm
DOD : 22/3/24 at : 3.00pm

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Chenna (MO)	22/3/24						

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

Other Procedures : (specify) :-

Nil

M. A. Yakub.

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

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
21/3/24	ECG = 4284	Dr	S

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			