MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mr. Jayakumar. K D.O.A. 24/3/24 Time 12:00Pm

IP No. 2024000467

Room No. 214 Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
24/3/24	12.30 PM	direct Admission	2nd Floor	Sarala

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

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
25/3/24	~~Potassium~~ ~~RBS~~ (4002)

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

25/3/24 ~~Echo~~ / ~~screening~~ (24024143)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

24/3/24
2 Pm (1)
6 PM (1)
25/3/24 10 Pm (1)
6 am (1)
2 Pm (1)
10 Pm (1)

(6)

(6)

NEBULIZER

R.I (Dr. Sampath)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Jamuna	24.8.24 W	25/8/24 W					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Total - 2033	
RETURNS CHECKED : nodues.	

Other Procedures : (specify) :-

Verified by V. Mohan

Admission Officer :

Sister In-charge