BILLING CARD

Patient Name Mrs. Asha Devi. C D.O.A. 25/3/24 Time 12:05pm

IP No. D0254000461

Room No. GROUND Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/3/24	11am.	casualty	Ward.	Dmy sun

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 :	Diathormy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

Date	
25/3/24.	CBC, RFT, LFT, S. Electrolytes. (202401447)(OPKB202401[illegible]) OP Paid
25/3/24	Serum Cholenesterase (4025)

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

25/3/24	ECG (20240447)	(OP Paid)	(OPKB20240144 7)

CBG				CBG			
25/3/24 (B20240 1447)	(OP Paid) (OPKB20240144 7)						

①

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. JAMUNA	25/3/24	26/3/24					
	✓	✓					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Leyard BILL CLEARED : No due. RETURNS CHECKED : OT : 360/-	

Other Procedures : (specify) :-

25/3/2024. Ryles tube done by casualty.

SIN Kavitha
2236
26/3/24
at 8.52 am