



BILLING CARD

Patient Name Mrs. Brindha

IP No. IPE2024000099

Room No. 6121-B

Mrs. BRINDHA

39 Female/MHE2024000099

02/06/2024/IPE2024000099

Dr. P. NARMAHA



D.O.A. 21/6/24 Time 12:40 Pm.

Rent Per Day 925 / Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
21/6/24	12:40pm	OP	Ward	<i>[Signature]</i>

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				21/6/24	1:30pm	21/6/24	2pm

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

Mrs. BRINDHA

39/Female/MHE2024/004

02/06/2024/MHE2024/004

Dr. NARAYAN



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

2/6/24	Urine Albumin (OP paid) Bill No : MMH/MV/DUE2024004
3/6/24	CBC, WBC, urea, creatinine, S. Urine Acid, urine Albumin, LDH (Alpha Lab)
04/6/24	urine Albumin
4/6/24	CBC, LFT, RFT. S-Electrolytes - S. Uric Acid, BT, CT, S. Albumin. ALB Ratio.
5/6/24	urine albumin
6/6/24	urine Albumin Growth scan.
7/6/24	urine Albumin
8/6/24	urine albumin / Surgical profile, LFT

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

Mrs. BRINDHA

39 / Female / MHE202400045

02/06/2024 / IPE202400009y

Dr. P. NARMADHA



CBG

CBG

2/6/24 4

3/6/24 6

4/6/24 2+1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Dr. Naima el H.

Date _____

8/6/24,
③ ①

AMBULANCE

RETURNS CHECKED :

D.O.D : 8/6/24 .

ward stn. Augh,



2

Admission Officer :

Answer

Sister In-charge