MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Ms. Aran punar Soham. M D.O.A 3/4/24 Time 6:10 pm

IP No. 2024000505

Room No. G/w-m Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/4/24	6.20pm	casualty	Ward.	Dayasri.

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

ate	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconne

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
3/4/24.	CBC, RBS, RFT, LFT, Sr Electrolytes, CRP, peripheral smear Sr. Amylase, Sr. Lipase. (2024032303) OPKB20240161З (OP Paid)
3/4/24	IgG, IgM, Hepatitis A (4595)
4/4/24	PT INR, APTT, Serology, urine routine, LFT (20240459б)
5/4/24	LFT (4632)
6/4/24	FBS (4693)

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

3/4/24	Ex. chest - ray (2024/02903)		OPKB202401613 (OP Path)
3/4/24	CECT abdomen (4578)		

CBG

4/4/24	CBG (2) (4597)		
	CBG (1) (4607)		
5/4/24	CBG (1) (4632)		
	CBG (2) (4666)		
6/4/24	CBG (1) (4690)		

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

Ref :- Dr. Sampath

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	3/4/24 W	4/4/24 W	5/4/24 W	6/4/24 W			
Dr. Anand MS	4/4/24 W						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyasri	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot : 7698/-	

Other Procedures : (specify) :-

6/4/24 12.50p.m
Verified by
VSL.

Sister In