



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

MRS. RANJITHA
28 Female/MHF202400147
11/08/2024 IPL2024000229

Patient Name

IP No.

Room No.

Dr. P. NARMADHA



Mrs. Ranjitha

IPF2024000229

S-209

D.O.A. 11/08/24 Time 6:15pm

Rent Per Day 1400 / Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/08/24	6:10pm	-	ward	Thy

OPERATION THEATRE

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 THEATRE

Date :	OT No. :
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I Asst. Surgeon :	End Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

Date

Mrs. KANJITHA

2x Female MMR3024561-7

1. 06/2024 PL2124-00020

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

Mrs. KANJITHA
2x Female MMR3024561-7
1. 06/2024 PL2124-00020



CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

