BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Jaya Mani

D.O.A. 15/8/24 Time 6.00pm

IP No. IPE2024000234

Room No. 210

Rent Per Day 1400 / Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
15/8/24	6.00pm	EMR	Ward 210.	
18/8/24.	12 N.	210-S	208-S.	Usha.

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

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 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	:

Date	LABORATORY
15/8/24	CBC, Urea, Creatinine, Chabrbol, ~~RBS~~, PPBS, FBS
	Urine Routine / pacd. Bill no: MMH/MV/RECAP 2021, (Advance RECEIPT)
19/8/24	TC, MP, HB, UR. R/E, ESR, C.R.P. DC, Widal

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kannammal	15/8/24 (1) opd (800)	16/8/24 (1)	17/8/24 (1)	18/8/24 (1)	19/8/24 (1)	20/8/24 (1)	21/8/24 (1)
Dr. Jayachadhiran	20/8/24 (1) case paid 500						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

D.O.A : 15/8/24

D.O.D : 21/8/24

Dr. Kannammal

Admission Officer :	Sister in-charge