BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MS. Subha Sree D.O.A. 25/9/24 Time 7:30pm

IP No. 2024 00 0327

Room No. 214 Rent Per Day 1400/Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
25/9/24	7:30pm	OP	EMR	
25/9/24	10.00pm	EMR	Ward	

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
26/9/24	CBC, CRP, urine routine, Dengue
27/9/24	Total count, Platelet count.
28/9/24.	Total count, platelet count.
29/9/29	Total count, Platelet Count
30/9/24	Total count Platelet count.

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
26/9/24	1+1						
27/9/24	1+1.						
28/9/24.	1+1.						
29/9/24	1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kannammal.	26/9/24	27/9/24	28/9/24	29/9/24	30/9/24		
	(1)	(1)	(1)	(1)	(1)		

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

Other Procedures : (specify) :-

D.O.A 25/9/24 7PM

D.O.D 30/9/24 6PM

Admission Officer :

Sister In-charge