BILLING CARD

Patient Name _____ Mrs.THENMOZHI 30/Female/MHE202400297 13/05/2024/IPE2024000072 Dr.P.NARMADHA _____ D.O.A. 13/5/24 Time 5.36pm

IP No. _____

Room No. _____ Rent Per Day 925/Day.

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/5/24	5.36 pm	OPD	Ward.	Yasodha.
13/5/24.	12.55 am.	Ward.	Labour Room	Bhavaresi.
14/5/24.	2 AM.	Labour Room.	Ward.	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 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
15/5/24	CBC, Urine. R/B.
18/5/24	FBS / PPBS (sch).

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Narmatha.	13/5/24 (1)	14/5/24 (1).					
Dr. Kanimozhi.	14/5/24 (1)	15/5/24 (1).	16/5/24 (1) →	(NO Fees)			

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

Other Procedures : (specify) :- 16/5/24 Baby Tranfer to cardiologist for Echo (Aditas) hospital. (mother) Neotogist opinion. ↓ (Pt Paid self) outside hospital.

D.O.A: 13/5/24.

D.O.D: 18/5/24.

Discharge s/w.

Admission Officer :

Sister In-charge