BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Ammini

D.O.A. 06/9/24 Time 3:00pm

IP No. IPE 2024000290

Room No. GIW

Rent Per Day 750/day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
06/9/24	3:00 pm	OP	EMR	Hexate.

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
06/9/24	3:00 pm	06/9/24	3:30 pm

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
06/9/24	CBC, Urine routine RBS PANH/MV/DGE20240116 3.

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

CBG

06/9/24	1	(OP).	NMH/M.V'DGE20240116 3.				
7/9/24	1+1+1						
8/9/24.	1+1						
9/9/24	1+1						
10/9/24	1						

CBG

Date — PHYSIOTHERAPY

NEBULIZER

6/9/24	(1)						
7/9/24	(2)						
8/9/24	(3)						
9/9/24	(2)						
10/9/24	(1)						

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kanammal	06/9/24 (1)	7/9/24 (1)	10/9/24 (1)				
Dr. parthiban	9/9/24 (1)						

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

Other Procedures : (specify) :-

D.O.A: 6/9/24,
D.O.D: 10/9/24

[signature]

[signature]

Admission Officer :

[signature]

Sister In-charge