BILLING CARD

Patient Name _____ Mrs.SELVI 52/Female/MHE202400645 16/05/2024/IPE202400007 Dr.KANNAMMAL DURAISAMY

D.O.A. 16/5/24 Time 9:01 AM

IP No. _____

Room No. _____ Rent Per Day 750 / Day.

ISFER DET AILS

Date	Time	From	To	Sister Signature
16/5/24.	10 AM	RMR	Ward.	Neela.

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	:

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

Mrs.SELVI
52/Female/MHE202400645
16/05/2024/IPE202400079
Dr.KANNAMMAL DURAISAMY

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
16/5/24	CBC, RBS, Urea, Creatinine (OP) paid.
	Cholestrol
	Bill NO MMH/MV/DUE2024
	00319.

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

Mrs.SELVI
52/Female/MHE202400645
16/05/2024/IPE2024000[illegible]
Dr.KANNAMMAL DURAISAMY

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. kannammal.	16/5/24 (D).	18/5/24 (D).					

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

Other Procedures : (specify) :-

D.O.A - 16/5/24

D.O.D - 18/5/24.

ward S/N. - A4.

Admission Officer :

Mrs.SELVI
52/Female/MHE202400645
16/05/2024/IPE202400007
Dr.KANNAMMAL DURAISAMY

Sister-in-charge