BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Masleo Praneeth

D.O.A. 18/9/24 Time 12.30 pm.

IP No. IPE 2024000316.

Room No. G-209

Rent Per Day 925 / Day.

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
18/9/24 19	1Pm.	EMR	ward 209	

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
20/9/24	CBC, CRP, MP, Widal, Dengue, Urine C/E

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

16/9/24	1 → 1		
19/9/24	1 + 1		
20/9/24	1 → 1		
21/9/24	1 + 1		
22/9/24	1 → 1		
23/9/24	1 → "		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kannammal.	18/9/24 (1).	19/9/24 (1).	20/9/24 (1)	21/9/24 (1).	22/9/24 (1)	23/9/24 (1).	
DR. Suganthi	20/9/24 (1) orthpaed.						

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

Other Procedures : (specify) :-

D.O.A : 18/9/24.
D.O.D : 23/9/24.

Admission Officer :

Sister In-charge