



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Ponnammal

D.O.A. 10/09/24 Time 9.30pm

IP No. 2024000297

Room No. 211-II

Rent Per Day 1400 / Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
10/09/2024	9.30pm	EMR	211 Ward	S.ithar P.

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
10/9/24	10pm	11/9/24	6pm

OXYGEN

Date	Start	Date	Disconnect
10/9/24	10PM	15/9/24	10AM

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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

11/9/24 Chest X-ray, BCG.

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

Dressing

NEBULIZER

11/9/24 ①
12/9/24 ①
13/9/24 ①+①
14/9/24 ①

11/9/24 ①
12/9/24 ①
14/9/24 ①
15/9/24 ①
16/9/24 ①

