BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Chellammal D.O.A 07/10/24 Time 1:32 pm

IP No. 2024 000361

Room No. G-W-IV Rent Per Day 750/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/10/24	12pm	OP	EMR	
7/10/24	2pm	EMR	Ward	

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
07/10/24	CBC, ESR, CRP, RBS, Widal, MP, Dengue, Urine C/E (MMH/MV/DHE202401435)
8/10/24	Urea, creatinine, serology, urine C/S, PS.
9/10/24	stool occult Blood

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

07/10/24	XRAY- CHEST PA VIEW	(MMH/MV/DGE 2024/0435)	
	CT- ABDOMEN		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kannammal.	7/10/24 ①	8/10/24 ①	9/10/24 ①	10/10/24 ①	11/10/24 ①		
Dr. Parthiban.	8/10/24 ①	9/10/24 ①	10/10/24 ①	11/10/24 ①	(NO Fees)		
Dr. Suganthi.	8/10/24 ①						

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

Other Procedures : (specify) :-

DoA : 7/10/24

DoD : 11/10/24

S/N : Dr

Dr. discontinued NS

Admission Officer :

Sister In-charge