BILLING CARD

Patient Name Mrs. Lakshmi D.O.A. 18/6/24 Time 1:00 PM

IP No. IPE2024000127

Room No. ICU Rent Per Day 3500 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/6/24	1040 PM	EHR	ICU (1PM)	Bhavani

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

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	:

LABORATORY

Date	
18/6/24	CBC, BT, CT, Urea, creatinine, Sr. Electrolytes, PT/APTT, INR, Seasology (HBsAg, Ur. R/E.
18/6/24	Peripheral SMear (Alpha lab) paid Bill No: MMH/MV/DUE/202401893

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
13/6/24	CT- Abdomen OP paid		
	Bill NO is MMH/MV/		
	DUE2024005774.		

CBG				CBG			
18/6/24	(2)	OP paid					
	Bill NO is MMH/MV/						
	DUE 2024005774.						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Paethiban	18/6/24 ①		No Fees.				
Dr. Kannammal	18/6/24 ①		No Fees				
Dr. Parthasarathi	18/6/24 ①						
Dr. Mohan Kumar	18/6/24 ①						

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

Other Procedures : (specify) :-

18/6/24, Endubation IN EMR

Done by. Dr. Parthasarathy.

Bhavani.

Admission Officer :

Sister In-charge