BILLING CARD

Patient Name: Mr.KALIDAS
33/Male/MHE202403578
14/05/202 /IPE2024000077
Dr.PARTHASARATHY ANAND

IP No. _____

Room No. ___

D.O.A. 14/5/24 Time 02:32 pm

Rent Per Day 1400 /day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/5/24	4.30pm	EMR	ward.	Thamarai.

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
15/5/24	2pm	15/5/24	12am
16/5/24	10am.	16/5/24	8pm.

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
15/5/24	FBS, PPBS, HbA1c
16/5/24	CBC, RBS, urea, creatinine, Lipid Profile, Urine R/E, ECG. LFT (OP) Bill No: MMH/MV/DUE2024000312, MMH/MV/DUE2024m03[illegible]

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

14/5/24	CT Abdomen (Plain).	(DRP)	BILL NO: MMH/MV/DUE 2024003000

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kannammal.	14/5/24 (1)	15/5/24 (1)	16/5/24 (1)				
Dr. Parathasarathy.	15/5/24 (1)	16/5/24 (1)					
Dr. Sathyanelvan.	15/5/24 (1) paid 100 cash paid.						
Dr. Parthiban	15/5/24 (1).						

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

Other Procedures : (specify) :-

D.O.A : 14/5/24

D.O.D : 17/5/24.

Ward Staff.

Admission Officer :

Sister In-charge