MH PRINT COST BILL FC

BILLING CARD

Patient Name Mr. Arun D.O.A 6/5/24 Time

IP No IPE 2024 000064

Room No Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/5/24	5 PM	EMR	Ward	

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

VENTILATION

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	:

Date	LABORATORY
6/5/24	CBC,
7/5/24.	FBS, PPBS, HbA1C.

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

6/5/24	x-ray CSpine (AP. Lat)		
	x-ray DNS (waters view)		

CBG

CBG

PHYSIOTHERAPY

Date	
7/5/24	Isometric Cervical exs, wax bath, Wear Cervical Collar-(R)

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Parthiban	6/5/24 ①	7/5/24 ①	8/5/24 ①				
Dr. Kannammal.	6/5/24 ①	7/5/24 ①	8/5/24 ①				

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

Other Procedures : (specify) :-

D. O. A : 6/5/24.

D. O. D : 8/5/24.

Sister In-charge

Admission Officer :