BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MRS. SARASWATHI D.O.A. 19/09/24 Time 11.11 am

IP No. 2024000317

Room No. 211 Rent Per Day 1400/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
19/9/24	10.30AM	OPD	EMR	
19/9/24	12.00pm	EMR	Ward 211.	Meera.

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
19/9/24	12.30pm.	20/9/24	9am
20/9/24	10 am	20/9/24	2PM

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
19/9/24	CBC, FBS, PPBS RFT, LFT, Sr. Electrolytes, Calcium, Mg+, Vit D3, Fasting lipid Profile Vit B12, Urine Routine
19/9/24	FBS, PPBS [op paid] MH / MR/DGE 202401260

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

19/9/24	Chest X-ray (PA)
19/9/24	ECG

CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Parthiban	19/9/24 (1)	20/9/24 1					
Dr. Ramsubbaraoaniyan ECHO	19/9/24 (1500) Paid						

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

Other Procedures : (specify) :-

19/9/24 - IV line Secured @ ER

19/9/24 - Echo done by Dr. Ramsubbaraoaniyan sir

D.O.A 19/9/24 10.30am

D.O.D 20/9/24 2pm

Dr. Ramsubbaraoaniyan sir

Admission Officer :

Sister In-charge