BILLING CARD

10 APR 2024

B/O.NIRAIMATHI V
0/Female/MHV202402149
07/04/2024/IPV2024000259
Dr.(MAJOR) SATHISH KUMAR

Patient Name

IP No. _____

Room No. Nursing Maint. Medical ward-1

D.O.A. 07/04/24 Time 12:05AM

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/4/24	9PM	OT	WARD	S.Sat

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	:

Date	LABORATORY
9/4/24	Bilirubin – Direct, Bilirubin – Indirect, Bilirubin – total, Blood Group and Rh type, TA (Fee), TSH 3rd Generation, CBC (2053)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SASIKALA (MD)	6/4/24	8/4/24 2.30pm	9/4/24 3pm	9/4/24 10.30am	10/4/24 11.00am		

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge