BILLING CARD

Patient Name - B/O.SHINDHU DINESH
0/Female/MHM202404401
07/04/2024/IPM2024000272
Dr.SHANTHI

IP No. ________

Room No. ____

D.O.A. 7-4-24 Time 4.35 AM

Rent Per Day ________

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/4/24	4:35AM	L/R.	Ward IInd floor	S/N Mallika 7/4/24

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 : BABY

MONITOR

Date	Start	Date	Disconnect
7/4/24	4.30am	7/4/24	6.30 am.

~~INFUSION PUMP~~ WARMER

Date	Start	Date	Disconnect
7/4/24	4.30AM	7/4/24	6.30 am

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
8/4/24	Bld grouping & Rh typing (2395)
8/4/24	BBR. (TB, DB, IB) (2394)

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

CBG

7/4/24 2 (238)

2/4/24

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Shanthi (Pediatrician)	07/4/24	8/4/24					

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

Other Procedures : (specify) :- 7/4/24

* RESUSCITATION DONE BY DR: SHANTHI.
* Vaccination done by Dr. Shanthi on 8/4/24

Admission Officer : B Vruth 3209

Sister In-charge