BILLING CARD

Patient Name Shivani - R. D.O.A. 17/4/24 Time 12.15 PM

IP No. Do24000553

Room No. PDm. Rent Per Day 3,000.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/4/24	12.15 PM	Casualty	PDm.	

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
17/4/24	Creatin, Electrolytes, urea, cbc, MP test By Qbc, Dcruz NS1 EIA, widal.

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

Ref – Dr. Hariharan.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
			Verified				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Thy. nil BILL CLEARED : TOTAL – 2404/- RETURNS CHECKED : No due	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge