INSURANCE

MH/ PRINT / 0007 / BILL / FO

# BILLING CARD

B/O.KOWSALYA DEVI
0/Female/MHM202404557
19/04/2024/IPM2024000303
Dr.NARAYANAN.E

Patient Name _____ D.O.A. 19/4/24 Time 10:00 pm

IP No. _____ Rent Per Day 4000/-

Room No. _____

## TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 19/4/24 | 10.00pm | ER | 3rd floor 302 | Revival 3170 |
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## 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 |
|---|---|---|---|
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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Double ~~SURFACE~~ OXYGEN Phototherapy.

## SYRINGE PUMP

| Date | Start | Date | Disconnect |
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| 19/4/24 | 10:30pm | 20/4/24 | 8pm |
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| Date | Start | Date | Disconnect |
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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
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## 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 |
|---|---|
| 20/4/24 | Serum bilirubin (total bilirubin, Direct bilirubin) DCT, HB, PCV, TSH. (2708) |

## 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. Narayanan | 19/9/24 | 20/9/24 | | | | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED :<br>BILL CLEARED :<br>RETURNS CHECKED : | |

Other Procedures : (specify) :-

Admission Officer

Sister In-charge