BILLING CARD

Child.ADVIKA DAS
6/Female/MHM202404600
24/04/2024/IPM2024000318
Dr.DHANASEKHAR K

Patient Name _____ D.O.A. 24/4/24 Time 9:00 pm

IP No. _____

Room No. _____ Rent Per Day 2500/-

TRANSFER DET AILS

Date	Time	From		Sister Signature
24/4/24	BR (10pm)	BR	303	S-R
			303	3190

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

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

24/4/24	Chest x-ray (3825)

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

24/4/24	2
25/4/24	6
26/4/24	1+3
27/4/24	1+1

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR - DHANASEKAR	25/4/24						
DR. AYESHA BEEVI	26/4/24	27/4/24					

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

Other Procedures : (specify) :-

Krishnaveni 2027

Admission Officer :

Sister In-charge