BILLING CARD

Patient Name _____ D.O.A. 28/04/24 Time 2:30 Pm

IP No. _____

Room No. _____ Rent Per Day 4000/ Day.

B/O.RAMYAMANI
0/Male/MHE202421095
28/04/2024/IPE2024000049
Dr.P.NARMADHA

ANSFER DET AILS

Date	Time	From	To	Sister Signature
28/4/24	2.30 pm	OT	NICU.	Ellavarasi.
29/4/24	5PM	NICU	Ward (COVID-19)	Ellavarasi

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
28/4/24	2.30 pm.	29/4/24	5PM

INFUSION PUMP

Date	Start	Date	Disconnect	
28/4/24	5 PM	29/4/24	5PM	(NICU
29/4/24	5 PM	30/4/24	8 AM	covered)

OXYGEN

Date	Start	Date	Disconnect
28/4/24	2.30PM	29/4/24	10AM

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
28/4/24	CBC, CRP, B. Group & Rh.
29/4/24	S. Bilirubin.
1/5/24.	S. Bilirubin, TSH.

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

28/4/24	X ray Chest AP		

B/O.RAMYAMANI
0/Male/MHE202421095
28/04/2024/IPE2024000049
Dr.P.NARMADHA

CBG

28/4/24	1		
29/4/24	1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Narmadha,	28/4/24 (1)	29/4/24 (1)	30/4/24 (1)	1/5/24 (1)	2/5/24 (1)	NO Fees.	
Dr. Kanimozhi.	28/4/24 (1)	29/4/24 (1)	30/4/24 (1)				

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

Other Procedures : (specify) :- Vaccination Done.

D.O.A : 28/4/24

D.O.D : 2/5/24.

Admission Officer :

Sister In-charge