BILLING CARD

Patient Name: Mrs.MALLIKA S
66/Female/MHM202404658
29/04/2024/IPM2024000333
Dr.BALAMURUGAN.S

IP No. _____

Room No. ___

D.O.A. 29/4/24 Time 12:30pm

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/4/24	1.20pm.	ER.	1st floor III	Rad/3170.
29/4/24	5.50pm	1st floor III	OT	R Mohana DG 22400
29/4/24	7.15pm	~~1st floor III~~ OT	1st floor III	Maithili

OPERATION THEA TRE

Date	: 29/4/24.	OT No.	: ~~01~~ 1
Surgeon	: DR. BALAMURUGAN.	Start Time	: 6.00 Pm to
I Asst. Surgeon	:	End Time	: 6.30 Pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: med
Anaesthetist	: DR. MANOGAR.	C-Arm	:
OT Nurse	: MAITHILI	Arthroscopy	:
Name of Surgery	: Haemorrhoidectomy. & sphincterectomy	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
29/4/24	7.15pm	29/4/24	9.00pm

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			

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY

OT DRUGS REPLACED : Bill Amount = 5562 /-

BILL CLEARED :

RETURNS CHECKED :

AMBULANCE

Other Procedures : (specify) :- OT clearence done 30/22

Admission Officer :

Sister In-charge