BILLING CARD

Patient Name _ Child.DEVASHREE. S
7/Female/MHM202404665
30/04/2024/IPM2024000340
Dr.S RAASHIDHA

IP No. _____

Room No. ___

D.O.A. 30/4/24 Time 4.45PM

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/4/24	4.20pm	ER	Ist floor 113	R Mohana 8240

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
30/4/24	CBC, (ood) CRP urea creatinine Electrolyte (ooo5

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. Raashidha	30/4/24	1/5/24					

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

Other Procedures : (specify) :-

Admission Officer :	Sister In-charge