BILLING CARD

Patient Name Baby. Saiveksha. C D.O.A. 5/5/24 Time 12.00. Pm

IP No. 2024000630

Room No. GLW (F) Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/5/24	1pm	[illegible]	GLW	R. Vinodhini

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
5/5/24	CBC, CRP, RFT, Sr. electrolytes, RBS ( )

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

CBG

8/5/24	CBG		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

ref : (Dr. venkat Sampa

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheshwaran	05/05/24	6/5/24	7/5/24				
	12 pm	10.45Am	8 am				
	9.30pm	10.45pm					

Verified
AO.

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED : Due :- 73.00

RETURNS CHECKED : Tot :- 2852/-

AMBULANCE

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge