BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. KALIYAMOORTHI. G. D.O.A. 9/9/24 Time 11:30pm

IP No. 2024001156

Room No. 207 Rent Per Day 2000/

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/9/24	11:30am	Casualty	2nd floor	

OPERATION THEATRE

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
[illegible]	[illegible]		

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

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
9/9/24	CBC, RFT, Sr. electrolytes. (OP Paid)
10/9/24	Electrolytes (11479)
11/9/24	TSH, T3, T4 (11508)
11/09/24	FBS (11540)

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

10/9/24 CT brain (11508)

CBG

9/9/24 - CBG - (1) OP pond

10/9/24
~~7am~~ (1145)
4pm (11540)

11/9/24
7am (11587)

11/9/24-
~~7pm~~ (1) (11587)
7am (1) (11587)

12/9/24
7am (11587)
1pm (11587)

CBG

(1)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

NMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. JAMUNA	9/9/24	10/9/24	11/9/24 (W)	12/9/24 (W)			
morning	12.15pm	12pm					
Evening	4.30pm						
night							
Dr. Mohamed Azarudeen	10/9/24 5pm						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jayanthi	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot :- 13130/-	

Other Procedures : (specify) :-

verified by
T. Kamsal
2206
12/9/24 @ 10.15am

Admission Officer :

Sister In-charge