BILLING CARD

Patient Name __ Mrs.PON MALAR R
27/Female/MHM202404790
09/05/2024/IPM2024000368
Dr.SARALA

IP No. _____

Room No. _____

D.O.A. 9-05-24 Time 4.00PM

Rent Per Day 2500/-

ANSFER DET AILS

Date	Time	From	To	Sister Signature
9/5/24.	5.20pm	ER.	3rd floor 303	Raul 3170.

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**

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
9/5/24	CTG - (2)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Sarala.	9/5/24	10/5/24					

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Rs. 2315.00	
BILL CLEARED	:	
RETURNS CHECKED	: 10/5/24 9.49pm.	

Other Procedures : (specify) :-

3/2024	
Admission Officer :	Sister In-charge