BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. SASIKALA-S D.O.A 2/9/24 Time 11:00am

IP No. 20 24001122

Room No. CRICU/F Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/9/24	12pm	casualty	General ward	SIN Subaina

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

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
2/9/24	CBC, RFT, Sr Electrolytes, CRP
	[illegible]

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

2/9/21	Echo Screening ✓		
	X-ray chest ✓		
	ECG ✓		

CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. NAYAR AHAMED	2/9/24						
	(W)						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : total : 5360/-	
BILL CLEARED :	
RETURNS CHECKED : NO due	

Other Procedures : (specify) :-

Admission Officer :

B. Amutha
Sister In-charge

2/8/24
9.Pm