BILLING CARD

Baby.KAARUNIYA
3/Female/MHM202404825
30/08/2024/IPM2024000762
Dr.DHANASEKHAR K

Patient Name _____ D.O.A. 30/8/24 Time 7:30 Pm

IP No. _____

Room No. ____ Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/8/24	7:45Pm	ER	IIIrd Floor 302	R. Rudhra Smt

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
30/8/24	CBC, CRP, Urea, creatinine, Sr. Electrolytes, LFT [6183]
	Blood c/s [6184] Urine c/s [6185]
	Dengue NS1 (ELFA) - [6186]

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

30/8/24	Chest AP view [6182]		
Sd	USG Abdomen (6203)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Dhanasekar (Paediatrician)	30/8/24	31/8/24	1/9/24				

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Bill Amount = ~~4119~~/- 3973.00	
BILL CLEARED	: ~~30/8/24 7.30pm~~ 1/9/24	
RETURNS CHECKED	: ~~31/8/24~~ 7.34pm	

Other Procedures : (specify) :-

Admission Officer 30/8/24

Sister ~~In-charge~~