



BILLING CARD

Patient Name _____

IP No. _____

Room No. _____

B/O.THENMOZHI

0/Female/MHE202421224

14/05/2024/IPE2024000076

Dr.P.NARMADHA

D.O.A. 14/5/24 Time 1.30^{am}Rent Per Day 4000/Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/5/24	1.25am	Labour Room	NICU	A.ush.
15/5/24	2.30pm	NICU	ward.	A.ush.

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
14/5/24	1.30am	16/5/24	2.30pm.				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
14/5/24	1.30 AM	14/5/24	5 ^{am}				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

B/O.THENMOZHI

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Dr.P.NARMADHA



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	Inj. Fentanyl :
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B/O.THENMOZHI
 0/Female/MHE202421224
 14/05/2024/IPE2024000076
 Dr.P.NARMADHA



[illegible]

[illegible]

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Narmadha .	13/5/24 ②	14/5/24 ①	15/5/24 ①		No Fees.		
Dr. Kanimozhi:	14/5/24 ① Cash. (Cash paid)	15/5/24 ① ↓ Cash paid	16/5/24 ① Cash paid	17/5/24 ① No Fees.			

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	(Settled payment)
BILL CLEARED :	
RETURNS CHECKED :	

OT DRUGS REPLACED :

BILL CLEARED :

RETURNS CHECKED :

(Self payment)

Other Procedures : (specify) :- 16/5/24 - Baby Transfer out to Neonologist, cardiologist opinion (Lotus hospital)

Phototherapy Double (ST) Time 9pm 16/5/24

phototherapy Double Surface stop @ 9 AM $\rightarrow$ 18/5/24.

D.O.A: 18 | 5 | 24

D.O.D: 18/5/24.

ward s/n ~~Q~~

Admission Officer :

B/O.THENMOZHI

0/Female/MHE202421224

14/05/2024/IPF2024000076

Dr P.NARMADHA



Sister *Andrea*