BILLING CARD

Mrs. MANJULA
56/Female/MHM202404862
16/05/2024/IPM202400401
Dr.SIVAKUMAR D.K.

Patient Name manjula D.O.A. 16/5/24 Time 10:45pm

IP No. IPM2024000401 Rent Per Day 1500

Room No. 309

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/5/24	11pm	ER	3rd floor	Readal.

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
16/5/24	CBC, RFT, ESR (3490)
17/5/24	Urine ~~RE~~ complete, (3497) Urine C/S (3498)

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

CBG

CBG

16/5/24 2 (3516)
17/5/24 1 (3516) + 2 (3540)
18/5/24 2 (3573)

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sivakumar.	16/5/24	17/5/24 (2800)	18/5/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 5855/-	
BILL CLEARED : Refund Amount = 1486	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge