BILLING CARD

Patient Name Mr.KAMALESH P 34/Male/MHM202404864 16/05/2024/IPM2024000399 Dr.VAISHNAVI GANESAN

D.O.A. 16/5/24 Time 10.30PM

IP No. _____

Room No. ____

Rent Per Day _____

TRANSFER DET AILS

Date	Time		To	Sister Signature
17/5/24	12.00pm	ER	3rd floor (307)	Renal.

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
17/5/24	LFT, RFT, MPOBC, HBA1C, (3491)
	MPOBC (3492) Dengue Profile Elisa (3493)
17/5/24	CBC, Urine R/E (3513)
	COVID INFLUENZA PANEL (3536)
18/5/24	Sputum C/S (3544) TSH, Lipid profile (3545)

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

17/5/24	ECG (3494)
17/5/24	CT Chest done by Yashoda Hosp. (3529)
17/5/24	USG abdomen & pelvis (3546)

CBG

CBG	
18/5/24	2 (3580)
19/5/24	3 (3605)
20/5/24	1 (3625)

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

17/5/24	2 (9)
18/5/24	2 + 2
19/5/24	2 + 1
20/5/24	1 +

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi	17/5/24	18/5/24	20/5/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

Sister ~~In-charge~~