BILLING CARD

Patient Name Miss. B. Kanishka D.O.A. 22/5/24 Time 22:30pm

IP No. 2024000712

Room No. G/w-F Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/5/24	10:30 PM	casualty	OT - ward	Sarala

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
22/5/24	CBC, sr. electrolytes. RBS (OPKB 202402408) (OPKB2024004 (OP paid)
23/5/24	urine complete (20240.6820).

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

22/5/24	(x-ray chest. (2024022468)	(QKB2024022468)	OP paid.

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Dr. Sambasivam (aon Care) 1000 Rs Fe

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sampasivam	23/5/24						
	10am						
	2pm						

PHARMACY

OT DRUGS REPLACED : V. Jayanthi

BILL CLEARED : No due.

RETURNS CHECKED : Tot: 128 + 1428 (op)

AMBULANCE

Other Procedures : (specify) :-

Verified by Dr. Kavitha 22/2 23/5/24

Admission Officer :

Sister In-charge