BILLING CARD

Patient Name Kiruthika Sri. S D.O.A 21/06/24 Time 12.10.AM

IP No. 2024000755

Room No. G1C0 (F) Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/6/24	2.40AM	ER	G/ward	

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
1/6/24	CBC (oppaid)
01/6/24	urine complete (C7245)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Own case.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr-Sambasivam	1/6/24	2/6/24			1000		
	9.50 AM	1 PM					
	2 pm						
			(8)				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Tr-1.ml	
BILL CLEARED : TOTAL-1725/-	
RETURNS CHECKED : no due	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge