DM/AFE

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mr. Rajendran. P D.O.A. 01/6/24 Time 19.30. PM

IP No. 2024000758

Room No. 204 Rent Per Day 2000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/6/24	8.45pm	casuatly	2 Nd Floor	Sty.

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, CRP, LFT, RFT, Sr. electrolyte, RBS, urine routine
	HbA1c (OPKB2024026299)
2/6/24	urine Routine analysis Rp Revised.

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
1/6/24	ECG (OPKB2024026129) ✓		

CBG			CBG			
02/06/24 6am-1 [7252] 5am-1 7am-1 } 7324. 9am-1 10am-1 (7324) 4Pm-1 (7324) 7Pm-1 (7324) 3/6/24 2Am (7324)	6Am (7324)					

(a)

Date	PHYSIOTHERAPY

NEBULIZER			NEBULIZER			
2/6/24 2pm - (1) 6pm - (1)						

(2) 3/6/24

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	2/6/24.	3/6/24.					
				(2)			
			Verified				
			AE				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 2772 /- BILL CLEARED : RETURNS CHECKED : No due	

Other Procedures : (specify) :-

Verified by
B. Hariri
12:50 PM 3/6/24.

MO2

Admission Officer :

Sister In-charge