(50)

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name mrs. Subhashini.S.S D.O.A. 02/06/24 Time 07.15 Am

IP No. 2024000762

Room No. 214 Rent Per Day 2000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/6/24	8.30 am	Casuality	IInd Floor	S/N celin Paul 2235

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
2/6/24	CBC, RBS, TSH, FT3, FT4, Blood Grouping & typing, RFT, urine complete, Sr. Electrolytes. (2024026640)
7/6/24	CBC, urine routine (741)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
2/6/24	ECG. (20240260D) ✓		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. James	2/6/24	3/6/24	4/6/24	5/6/24	6/6/24	07/06/24	8/6/24
Dr. Arun (Psychiatrist)		05/06/24					

Verified

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : TOTAL - 3658/-	
RETURNS CHECKED : Due - 11/-	

Other Procedures : (specify) :-

Verified by
B. Harini
1:15pm 8/6/24

Admission Officer :

Sister In-charge