BILLING CARD

Patient Name Mast. Gururishnu .N. D.O.A 7/6/24 Time 8:50pm

IP No. 202400785

Room No. 915 Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/6/24	4:30pm.	Casualty.	2nd floor	

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
7/6/24	CBC, CRP, RFT OP paid (202402741)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Maheshwaran	7/6/24 11pm	8/6/24 @ 6.00pm 11pm					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : slnt BILL CLEARED : total - 679 RETURNS CHECKED : nodues.	

Other Procedures : (specify) :-

Verified By
Dr Nithya 2225
8/6/24 at 11pm

Admission Officer :

Sister In-charge