BILLING CARD

Patient Name Baby. Kanirudhra D.O.A. 21/08/24 Time 11.40pm

IP No. 2024060252

Room No. Gr. Ward. Rent Per Day 750 1 Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/08/24	11.50pm	EMR	Ward	Geethas. B.

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

LABORATORY

Date	
21/08/24	CBC

RADIOLOGY - ECG ECHO X-RAY USG CT MRI DRP BIDOPPLER

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. vinothini	22/8/24	(No fees)		(G. vivek)			

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

D.O.A : 21/8/24
D.O.D : 22/8/24

Admission Officer :

Sister In-charge