BILLING CARD

Patient Name Mr. Soundaraf D.O.A. 12/06/24 Time 2pm

IP No. IPB 2024000115

Room No. G.W. Rent Per Day 750 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/6/24. 16/24.	2:00pm	EMR	General ward	Kokila.

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
12/6/24	12:30pm	12/6/24	1:30pm

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
12/6/24.	CBC, urea, creatinine, Sr. Electrolytes, (OP Paid) BILL NO: MMH/MV/DGE/2024000524
18/6/24	LFT

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

12/6/24	ECG, chest PA. (OP paid) BILL NO: MMH/MV/DGE2024060524.	
12/6/24	CT-brain	

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kannammal	12/6/24 ①	13/6/24 ①	14/6/24 —		NO Fees		
Dr. Puthamrathy Anand	12/6/24 ①	13/6/24 ①	14/6/24 ①				
Dr. Parthiban	12/6/24 ①	13/6/24 ①	14/6/24 ①				
Jayachandran. 500.	13/6/24 ① Fees Paid.						

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

Other Procedures : (specify) :-

EEG - 13/6/24.

D.O.A : 12/6/24
D.O.D : 14/6/24.

Admission Officer :

Sister In-charge