BILLING CARD

Patient Name Mrs. L. Jayalakshmi D.O.A. 16/6/24 Time 10:40pm

IP No. 2024000823

Room No. 20b Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/6/24	10.40 PM	Casualty	2nd F	

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
16/6/24	CBC, RBS, RFT, Electrolytes (OP paid) Urine Complete Exam

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
16/6/24	ECG. -OP Paid		

CBG				CBG			
16/6/24	CBG.						
17/6/24							
7am	(79/96)						
7pm	(352)						
18/6/24							
7am	(79/76)						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

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

16/6/24	ECG. - OP Paid		

CBG

16/6/24	CBG.		
17/6/24 7am 1pm	(79 86. 352)		
18/6/24 7am	(79 76).		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	17/6/24, 18/6						
	12 Pm	11 am					
	7pm.		3				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jyothi.	
BILL CLEARED : No due,	
RETURNS CHECKED : Tot:- 4368	

Other Procedures : (specify) :-

Catheterization done by S/N celin.

20/6

Admission Officer :

Sister In-charge