MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Child. PRAVEENA. G   D.O.A. 17/6/24   Time: 10:00am

IP No.: 2024000825

Room No.: 211 W 1F   Rent Per Day: 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
17/6/24	11 AM	casualty	G/W	[illegible]
17/6/24	2pm	G/W	IInd Floor	[illegible]

OPERATION THEATRE

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
~~(?)~~ 6/24	CBC. CRP. ~~LFT~~ . RFT. Sr. electrolyte
	(7932)
20/6/24	CRP, electrolytes, RFT, Platelet, calcium (SOB)

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

17/6/24	xray chest	(7932)	

CBG

19/06/24			
11am-1	20/6/24.		
20/6/24	CBG1-(1)	(8039)	
21/6/24			
6am	(8049)	(2)	

CBG

PHYSIOTHERAPY

Date		
20/06/24	1:30pm	TA stretching ex (1) 21/06/24

NEBULIZER

NEBULIZER

Ref DR. JAYAVANDAN

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Maheshwaran Evening.	17/6/24 2.30pm 10pm W	18/6/24 10am W 10pm W	19/6/24 10am W 10pm W	20/6/24 8:30am W 8:30pm W	21/6/24 8:30am W 6.00pm W		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : OT1.NO	
BILL CLEARED : TOTAL - 1909/-	
RETURNS CHECKED : No due	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge