BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Savithri. D.O.A. 30/7/24 Time 7.30am.

IP No. 2024000987

Room No. ICU. Rent Per Day 4100

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/7/24	7.40am	Casualty	ICU	Sarala.

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
30/7/24.	8am.	30/7/24.	4.pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
30/7/24	8am.	30/7/24	30/7/24 11.am

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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 :

Date	LABORATORY
30/7/24	RFT, Sr. electrolytes, RBS (20240?327 -)

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

CBG

30/7/24 4:30 AM	(9607)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

MMC (Dr. Jamuna MD)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	30/7/24						
Dr. Nayar	30/7/24						
DR. Karthik raj	30/7/24						

Verified

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	[illegible]	MEDWAY Hospital to Sembanarkovil (Home)
BILL CLEARED :	TOTAL - 564/-	Pickup by our Ambulance.
RETURNS CHECKED :	No due/-	7000/-

Other Procedures : (specify) :-

30/07/24 - Heamodialysis done at 8.30am Duration - 4hrs (PMSchema)

Verified at SNS Surya

Admission Officer : [signature]

Sister In-charge