BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Vijaya D.O.A. 12/10/24 Time 11.50am

IP No. IPKB202400 1309

Room No. G/W-F Rent Per Day 1000.00

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
12/10/24	12.00pm	ER	G/ward	

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 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

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

(Dr. subhasini own case)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. palaniyappan	12/10/24 5.45pm						
DR. Sebastine	12/10/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Due:- 548/-	
RETURNS CHECKED : Tot:- 2948/-	

Other Procedures : (specify) :-

12/10/2024 at 9.8pm
varified visit

Admission Officer : B. Nirmal

Sister In-charge