BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MRS. SARUNTHALA C D.O.A 30/6/24 Time 02:00am

IP No. 2024000872

Room No. CRW/F Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/6/24	2:50pm	Casualty	Crew	Siva Subbaiah

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
30/6/24	3:15pm	30/6/24	4:15am

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
20/6/24	CBC, CRP, PT, RBS, Sr. electrolytes
	urine complete (2408339)

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

20/6/24	ECG	(~~2408398~~ 2408399)	

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Dr. Durairaj

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Karthik Raja	30/6/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyanthi	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot: 1720/-	

Other Procedures : (specify) :-

Verified by Dr Karthik @ 8:12 10:
30/6/24

Admission Officer :

Sister In-charge