BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. M. priya D.O.A 30/6/24 Time 15:00 pm

IP No. 2024000874

Room No. Glw-F Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/6/24	3.30pm	Gesuecty	Glw	R. vinodhini

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
30/6/24	CBC, RFT, LFT, Sr electrolytes, Urine routine (OPKB20240316) OP Paid.

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

30/06/24.	ECG (OP Paid)	OPKB2024	03169) OP Paid.
01/7/24	Chest PA view. (8472)		

CBG

CBG	①	(OP Paid)	(OPKB20240316	9) OP Paid.			
1/7/24	CBG (8457)						
	①						

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

mmc

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Karthick raj	30.6.24						
Dr. Jamuna	1/6/24 12 pm 6 pm						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Thy. Nil	
BILL CLEARED : TOTAL - 1082/-	
RETURNS CHECKED : No due/-	

Other Procedures : (specify) :-

SIN Karthick
2236.

01-07-2024
at 1803 pm

Admission Officer :

Sister In-charge