BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name BIO ROCKY

D.O.A. 3/7/24 Time 12:30PM

IP No. 2024000886

Room No. GW 01

Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
3/7/24	1:30 PM	casualty	G.W	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

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
3/6/24	CBC, RFT, ~~LFT~~, Sr. electrolytes, Blood culture CRP ~~(OP Paid)~~ Ip Raised (0553)

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

3/7/24	- X-ray Chest ~~(OP Paid)~~	IP Raised. (8533)	
4/7/24	USG ~~log~~ Kaliragan Scan	(Ambulance)	

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

REF: DR. MANIVANAN

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. MAHESHWARAN	31/1/24 4:00pm 10:30pm	1/2/24 2:15pm					

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total: 2738	
BILL CLEARED	: NO: Dey	
RETURNS CHECKED	: P. Dey	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge

4.40 pm