BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Miss. P. Seema D.O.A. 6/7/24 Time 11:00AM

IP No. 0024000899

Room No. G/W Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
6/7/24	11:30AM	Casualty	Gy. Ward	S/N Subarna

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
6/7/24	CBC, RFT, Sr. Electrolytes, MPMF, Widal
	[OPD/2024/03356]
6/7/24	LFT, Dengue Igg Elisa, Igm, NS1 (8867)
	~~PS~~ (8674)
7/7/24	platet (8711) PCV (~~8712~~)(04108713)
8/7/24	PCV, Platelet
9/7/24	pcv, Platelet, SGOT, SGPT (20240810)
10/7/24	pcv, platelet (8736)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

Ref :- Dr. manivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. ganesa	6/7/24	7/7/24 12pm	8/7/24 12pm 7pm.	9/7/24 12pm	10/7/24 12:30pm		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : total : 4376 /- BILL CLEARED : RETURNS CHECKED : NO Due.	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge