BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Vijaya M D.O.A. 7/7/24 Time 8:30Am

IP No. 2024000909

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

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/7/24	8-30AM	casualty	G/W	R.vinodhini 2/6/45

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				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	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
	CBC (op paid) (1797) 08/07/24

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

7/7/24	ECG. CT Brain	(OP paid.)	08/07/24.

CBG

7/7/24	CBG (OP paid)	(1 ~~799~~)				

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	4/7/24	8/7/24					

Verified
AC

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 810 /- BILL CLEARED : RETURNS CHECKED : No due	

Other Procedures : (specify) :-

8/7/24 @ 12.30pm

Admission Officer :

Sister In-charge