BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby. KARTHIK SUDHAN.S D.O.A. 9/7/24 Time 15.00PM

IP No. 2024000921

Room No. CHU/IN/209 Rent Per Day 2000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/7/24	3.50pm	casualty	2nd Floor	Aby

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

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

9/7/24
Neb - (1)
10/7/24
Neb - (2)
11/7/24
Neb - (3)
12/7/24

NEBULIZER

Ref: Dr. Manivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Nakshuaran	9/7/24	10/7/24	11/7/24	12/7/24			
		(2)	3pm	2.00PM	(6)		
	(1) 10.30Pm	11am.	(4)				
		10.30Pm.	9.40Pm				
		(3)	(5)				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Thumb	
BILL CLEARED : TOTAL - 4765/-	
RETURNS CHECKED : No due/-	

Other Procedures : (specify) :-

Verified by
J. Nithya 2225
12/7/24 at 12.30 pm

Admission Officer :

Sister In-charge