BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby. Faheem. D.O.A. 28/7/24. Time 10:30am

IP No. 2024000977

Room No. 210 Rent Per Day 2000 /-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/7/24	11:30am	Casualty	2nd Floor	Sty.

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
28/7/24	CBC, Blood grouping typing. (OPKB2024038868) - OP Paid.
30/07/24	Urine Routine (9621)
30/07/24	motion ova cyst (9623)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

~~DR~~ (Dr. Sambasivam).

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Sambasivam	28/7/24	24/07/24	30/07/24	31/07/24			
Morning		~~5PM~~					
Evening		5PM	5PM	5.10 Pm.			
Night							

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total : 1939	
BILL CLEARED	:	
RETURNS CHECKED	: No due.	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charg