BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mast. Deepak. A D.O.A 07/3/24 Time 02:10PM

IP No. 2024100000904.

Room No. CICU/M Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/3/24	2:30PM	Casualty	CICU ward	Sr. Subaina

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
17/24	CBC, CRP, RFT, RBS, Sr. Electrolytes

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

7/7/24	X-ray chest-		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref! MADHAVAN (1) 1000 AMBULANCE A.H. MAYLANDER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr maheshwaran	7/7/24	8/7/24	9/7/24				
Mrg		12pm	1pm				
fre							
n8	10:30pm	10pm					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 5417 BILL CLEARED : RETURNS CHECKED : NO due.	

Other Procedures : (specify) :-

S/N [illegible]

9/7/24 at 12.20 pm.

Admission Officer :

Sister In-charge