BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. T. Sigamani D.O.A. 13/7/24 Time 10:15Am

IP No. 2024000941

Room No. 210 Rent Per Day 2000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/7/24	10 AM	casualty	Ward	S/N Subaru

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
14/07/24	10 am	15/7/24	10 am

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
~~12/7/24~~	~~CBC, RFT, PBS~~ [Dp raised]
13/7/24	~~Urine~~ Routine (8935)
14/7/24	~~LFT~~ (8989)
~~15~~/7/24	~~RFT~~ ( )

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

13/7/24	CT Abdl & pelvis [Dp raised]		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Dr. vigneshwaran (room Case)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vigneshwaran.	13/7/24	14/7/24	[redacted] Dr.				

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Due :- 731/-	
RETURNS CHECKED : Tot :- 5199/-	

Other Procedures : (specify) :-

Verified by
I. Nirmala 22-5
15/7/24 at 10:30 AM

Admission Officer :

Sister In-charge