BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mr. Manoj

D.O.A. 19/07/24 Time 9.59pm

IP No: 2024000198

Room No: General Ward. 69

Rent Per Day 750 for Day.

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
19/07/2024	10.30pm	EMR	OT	Srithar P.
20/7/24	12 N.	OT	ward.	Srithar.

OPERATION THEATRE

Date	: 19/07/2024.	OT No.	: 2 OT
Surgeon	: Dr. Mohankumar. (ortho)	Start Time	: 11PM.
Asst. Surgeon	: —	End Time	: 12.15AM.
II Asst. Surgeon	: —	Dis. Pack	:
III Asst. Surgeon	: —	Diathermy	:
Anaesthetist	: Dr. Mayilvahan. MD.	C-Arm	: yes. 47 Shots
OT Nurse	: Mr. Rajkumar. Srithar P.	Arthroscopy	:
Name of Surgery	: - K-wire Fixation	Laproscopy	:
	- wound dressing	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	:

LABORATORY

Date	
19/7/2024	Urea, APTT, Serum. BT, CT, CBC, PT, INR, Creatine. ~~CBC~~,
20/7/2024	Hb%.
20/7/24	[illegible]

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

19/07/24 ECG.
20/7/24 x-ray left hand → AP, obl.

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER Dressing
22/7/24
①

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. mohankumar.cm	19/7/24	20/7/24	21/7/24				
	①	①	①				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Replaced. - Medication BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

D.O.A : 19/7/24

D.O.D : 21/7/24

Admission Officer :

Sister In-charge