RT 21/7/24 9 AM

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

B/O.JEENATH HAMEETHA
O/Male/MHM1202405827
19/07/2024/IPM2024000594
Dr.BINU NINAN

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 19/7/24 Time 8.30p.m

Rent Per Day 5000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
19/07/24	8.30PM		NICU	19/7/23

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
19/07/24	8.30PM	21/7/24	11 Am.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
19/7/24	8.30PM	21/7/24	4 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
19/7/24	CBC (4984)
	CRP (4984)
	Blood GROUPING (Package)
	BLOOD CULTURE (4997)

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

CBG

19/07/24
CBG1
CBG1 Package
CBG1
CBG1 (4985)
CBG1
CBG1 4997
CBG

20/7/24
CBG 1 5015
CBG1
CBG1

CBG

CBG1
CBG1 (5018)
CBG-4
20/7/24
CBG-3 Package
21/7/24
CBG-1 package.

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RADHIDHA	19/7/24	20/7/24	21/7/24				
DR - BINU	19/7/24	20/7/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : 3204

Sister In-charge 3229.