BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mrs.NIVETHITHA S 32/Female/MHM202405834 17/09/2024/IPM2024000833 Dr.NANDIGAM SANTOSHI

IP No. _____ D.O.A. _____ Time _____

Room No. _____ Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
18/9	12pm	OT	ICU	Vasuki S.
18/9	4pm	ICU	302	[signature]
18/9	10:40am	L1R.	OT	Dhanalakshmi

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
18/9	12pm	18/9	4pm

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

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

Other Procedures : (specify) :-

Admission Officer :	Sister In-charge

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Nivethitha S D.O.A. 17-09-24 Time 8.45am

IP No. IP2024000833

Room No. 302 Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
17/9/24	8:45AM	ER	III FLOOR 302	M. Mochi 3/07
17/9/24	11am	III floor	H/R	M. Mochi 3/07
17/9/24	11.30AM	H/R	III floor - 302 L/R	M. Mochi 3/07
17/9/24	9:30pm	III floor	L/R	M. Mochi 3/07
17/9/24	10PM	L/R	III floor LR	M. Mochi 3/07
18/9/24	7.30pm	~~LR~~ OT	OPERATION THEATRE ~~LR~~	Dhanalakshmi ~~Shanti 3/07~~
~~18/9/24~~				

OPERATION THEATRE

Date	: 18/9/2024	OT No.	: OT - I
Surgeon	: DR. SANTHOSH	Start Time	: 11.00 AM
I Asst. Surgeon	:	End Time	: 12.00 PM
II Asst. Surgeon	:	Dis. Pack	: —
III Asst. Surgeon	:	Diathermy	: VIED
Anaesthetist	: DR. MARAN	C-Arm	: —
OT Nurse	: VASANTHA	Arthroscopy	: —
Name of Surgery	: EMERGENCY LSCS ↓ SA	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
DOB : 18/9/2024. BABY WEIGHT : 3.24kg TIMING : 11.20 AM. SEX : MALE BABY.		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**

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. SANTHOSH	17/9/24	18/9/24	19/9/24	20/9/24	21/9/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : ~~Bill Amount = 23610/-~~ Total Sale: Rs. 27030/-	
BILL CLEARED :	
RETURNS CHECKED : Refund Rs. 7501/- today 20/9/24	21/9/24 Return Amount: Rs. 7501/-

Other Procedures : (specify) :-

CTG — (2) + (2) + (2) + (2) = 2

ICC CLEARANCE GIVEN

18/9/24

Epidural done by (Dr. Havang @ 2:05 pm in L/R

18/9/24 Pt Shifted to OT at 10-45Am.

18/9/24 CBD done by Dr. Santhoshi mam ⇒ Removed 19/9/24

17/9/24 Inj: Pethidine 1 amp used. Hmalicia 3107

Admission Officer : 3052

Sister in-charge