BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Miss. S. Keerthika D.O.A 28/7/24 Time 20.30pm

IP No. 2024000981

Room No. PW Rent Per Day 4100/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/7/24	9.00pm	CP	IW	Sr. [illegible]
29/7/24	6.00pm	IW	Medicare	S/N 29/7/24

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
① 28/7/24	9.15pm	29/7/24	6.00pm
30/7/24			

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
28/7/24	CBC, RFT, LFT, Se. Electrolytes, RBS (op paid (20240387Z)
29/7/24	FBS, Electrolytes (9527)
29/7/24.	UPT (9527) Urine Complete (20240429)

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

28/7/24	ECG, chest xray (20240728722)		
29/7/24	Echo (9554)		

CBG

29/7/24			
2am CBG (9527)			
0-30AM CBG (9554)			
1pm (9573)			

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

mmc

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Karthikeya	28/7/24 IM						
Dr. Balaprakash	28/7/24 IM						
Dr. Jamuna	29/7/24 IM	30/7/24 (W)					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 6450 BILL CLEARED : NO: Due RETURNS CHECKED : D. Kavya	

Other Procedures : (specify) :-

28/7/24 RT insertion done in casuality 29/7/24

Admission Officer :

Sister In-charge