BILLING CARD

MH/ PRINT / 0007 / BILL / FO

B/O.LAVANYA I
0/Female/MHM202406019
29/07/2024/IPM2024000630
Dr.S RAASHIDHA

Patient Name _____

D.O.A. 29/7/24 Time 5.00pm

IP No. _____

Room No. Cradle

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature

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
29/7/24	4.38pm	29/7/24	6.30pm

WARMER ~~INFUSION PUMP~~

Date	Start	Date	Disconnect
29/7/24	4.38pm	29/7/24	6.30pm

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
31/7/24	SBR, Free T4 TSH } 05385 Blood group & RH }

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

CBG			
29/7/84.	CBG (5335)		

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Raashidha	29/7/24	30/7/24	31/7/24				
Dr. Raas							

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Bill Amt. RS. 2513.00 Paid	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Resuscitation done Dr. Raashidha (29/7/24)

Immunization done Dr. Raashidha (30/7/2024)

Admission Officer :

3203.

Sister In-charge