BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mast. P. Sakthe. D.O.A 31/7/24 Time 18:30pm

IP No. 2024000997

Room No. 203 Rent Per Day 2000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
31/7/24	7.29pm	Casualty	2nd floor	P. Vijnodhini 2/8/24

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

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
31/7/24	CBP (op paid)

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

Ref :- Dr. Manivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
	31/7	1/8 (2)	02/08/24 (4)	3/8/24			
Dr. Mahesvaran	(1) 9pm	12pm	10 AM (5)	8.30 AM (6)			
		9pm (3)	10pm				

Verified

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total : 4141 /-	
BILL CLEARED	:	
RETURNS CHECKED	: NO due.	

Other Procedures : (specify) :-

5/8/24

Admission Officer :

Sister In-charge