Dr. parthiban.

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. RAVI PRASATH D.O.A. 01/08/24 Time 5:00pm

IP No. IPE2024000217

Room No. G-19 Rent Per Day 1400/day.

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
01/08/2024	5:00pm	Emg	ward	

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
01/08/24	4:30pm	01/8/24	6:30pm.

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
01/8/24	CBC, RFT, Sr. Electrolytes, Serum Calcium, Magnesium/pud OP Bill NO: MMH/MV/SGE 202400919. (urea, creat)
2/8/24	LFT, BT, CT, PT, INR aPTT Blood grouping typing serology.

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
01/08/24	CT - Brain (op bill no: MMH/MV/DGE2024009191)	Paid	
2/8/24	ECG, Chest x-ray AP		
2/8/24	MRI Brain. Oscan centre.		(Self)

CBG				CBG			
01/08/2024 op bill no:	2 strip MMH/MV/DGE2024009191						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Parthiban Duraisamy	01/8/24 ①	2/8/24 ①	3/8/24 ①				
Dr. kannammal.	—	2/8/24 ①	3/8/24 ①				

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

Other Procedures : (specify) :-

D.O.A : 1/8/24

D.O.D : 3/8/24

Admission Officer :

Sister In-charge