BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name B/O.DHARANI / Female/MHM2024060095 / 02/08/2024/IPM2024000643

D.O.A. 2.8.24 Time 13:59 p.m

IP No. _____

Room No. __ Dr.KRITHIKA

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/8/24	4.45pm	1st floor	307	H. Bell/2547

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

Warmer. ~~INFUSION PUMP~~

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
2/8/24	1.59pm	2/8/24	3pm	2/8/24	1.59pm	28/8/24	3pm

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	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	:

LABORATORY

Date	
2/8/24	Bld groups (Cord Blood) (05435) RH type
4/8/24	Total Billirubin, Direct Billirubin, Indirect Billirubin (.5487)

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

CBG

2/8/24 CBG-1 (5HH1)
3/8/24 CBG-2 (5453)
3/8/24 CBG-1 (5467)
3/8/24 CBG-1 (5471)
4/8/24 CBG-1 (5477)

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
2/8/24 Dr Krithika	2/8/24	3/8/24					
DR. Krithika							

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

Other Procedures : (specify) :-

2/8/24 @ 1.59 pm.
Resuscitation done by DR. Krithika Mam

Admission Officer : 3/8/24

Sister In-charge