BILLING CARD

Patient Name: Baby. V. Yazhini D.O.A. 4/8/24 Time: 5:00pm

IP No.: 2024001021

Room No.: 212 Rent Per Day: 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
4/8/24	at 6:30pm	CASUALTY	IInd Deluxe	Sincubana

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 / INFUSION PUMP

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN / SYRINGE PUMP

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP / VENTILATOR

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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
4/8/24	CBC, CRP, Urine culture, RFT
5/8/24	RFT, Electrolytes (9863) 05/08/24.

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

5/8/24	USG Abdomen & Pelvis	Own paid	Hospital hospital.)

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

Ref: Dr. Ajay Sharma.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Mahashwaran	4/8/24 @ 10.00Pm	5/8/24 4.30Pm 10.30Pm	6/8/24 10am				

Verified

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	Total : 3269/-	
BILL CLEARED :		
RETURNS CHECKED :	No due.	

Other Procedures : (specify) :-

verified by
I. Nithya 2225
6/8/24 at 12.30pm

Admission Officer :

Sister In-charge