# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Beenath Anthuran D.O.A. 5/8/24 Time 17:30pm

IP No. 2024080025

Room No. G/w-m Rent Per Day 1000/-

## TRANSFER DETAILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 5/8/24 | 6.30pm | CAS | G.W | vinodhini |
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## 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 |
|---|---|---|---|
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
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## OPERATION THEATRE

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|---|---|---|---|
| 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 |
|---|---|
| 3/8/24 | CBC, ESR, bft, RBS, Sr. electrolytes (opposed) |
| 6/8/24 | FBS, Lipid RFT profile (9955) |
| 6/8/24 | ABG (HBsAg) (9967) |
| 7/8/2024 | FBS, Sr. Electrolytes, urea, creatinine (20240999). |

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

## CBG

| | | | |
|---|---|---|---|
| 6/8/24 | CBG - (1) | 99[illegible] | |
| | CBG - (1) | [illegible] | |
| | CBG - (1) | 99[illegible]5 | |
| 7/8/24 | CBG - (1) | 10018 | |
| 9/8/24 | CBG (2) | 10088 | |
| 8/8/24 | CBG (1) | 10052 | |

## CBG

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| Date | PHYSIOTHERAPY |
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## NEBULIZER

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## NEBULIZER

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Vigneswari (Husband)

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| DR. karthik Raj | 5/8/24 | | | | | | |
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| Dr. Janani | 6/8/24 | 7/8/24 | 8/8/24 | | | | |
| Evening | 3.30pm | 11Am | 12pm | | | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : Thy. NR | |
| BILL CLEARED : TOTAL - 4097/- | |
| RETURNS CHECKED : No due | |

Other Procedures : (specify) :-

Verified by Kavitha at 12.15pm

Admission Officer :

Sister In-charge