BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. Swaminathan. M D.O.A. 6/8/24 Time 01:30 am

IP No. 2024100/027

Room No. IW Rent Per Day 4100

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
6/8/24	2:00 AM	casualty	IW	SN. Colin
6/8/24	7pm	IW	M.W	Sanjalizzo

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
6/8/24	2:00 AM	6/8/24	7pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
6/8/24	2:00 AM	6/8/24	9am

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
6/8/24	CBC, CRP, RBS, RFT, LFT, Electrolytes, Serology, ESR, Urine complete (9947)

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

6/8/24	ECG	(9947)
	CT - Brain	
	Chest X-ray	
6/8/24	Echo (99547)	

CBG

6/8/24	CBG	(9947)
6 am 6/8/24	CBG	(9960)
1pm	CBG	(99547)

(3)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Ravichandran	5/8/24 LW						
Dr. Jamuna	6/8/24 LW	7/8/24 W					
Dr. Karthikraj	6/8/24 LW						
			Verified. AB				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 4813 /-	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

6/8/24 -> Catheterization done by Casualty S/N.

Admission Officer :

B Anuradha 12.3
Sister In-charge
8/8/24