BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Baby.ADHI K S / 1/Male/MHM202406166 / 06/08/2024/IPM2024000656

IP No. _____ Dr.DHANASEKHAR K

Room No. _____

D.O.A. 06/08/24 Time 5.00pm

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
06/8/24	6.00pm	ER	303 (IIIrd Floor)	

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

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
06/8/24	CBC, CRP. (5528) , Peripheral Smear (5530)
	Blood Gp (5529)

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
	7/8/24						
Dr. Dhanasekar.	✓						

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

Other Procedures : (specify) :-

3209

Admission Officer :

30/7

Sister In-charge