BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mr.ABHINAV M
14/Male/MHM202406207
08/08/2024/IPM2024000662

IP No. _____

Room No. _____

Dr.BALAMURUGAN.S

D.O.A. 08/08/24 Time 12:15PM

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
08/8/24	12.30PM	ER	1st floor 113	RNOhana
8/8/24	6.10PM	1st floor 113	OT (~~1000~~)	RNOhana
8/8/24	7.00PM	OT	~~1st~~ Floor 113	

OPERATION THEATRE

Date	: 8/8/24	OT No.	: 01
Surgeon	: DR. Balamaragan	Start Time	: 6:30PM
I Asst. Surgeon	:	End Time	: 7PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: USG
Anaesthetist	: DR Santhi kumar	C-Arm	:
OT Nurse	: SIN Kasanth	Arthroscopy	:
Name of Surgery	: Jetson	Laproscopy	:
		Sevoflurane / Isoflurane	:
V/ Hemorrhoidectomy U Spinal		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

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

08/8/24	CXR PA (C 5559)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total Sale: Rs. 6647/- .	
BILL CLEARED	: Cash paid.	
RETURNS CHECKED	: 3167	

Other Procedures : (specify) :-

OT CLEARANCE : 3202

Admission Officer 3022	Sister In-charge