BILLING CARD

MH/ PRINT / 0007 / BILL / FO

B/O.SRILEKHA M
0/Female/MHM202406218
08/08/2024/IPM2024000664
Dr.SHANTHI

Patient Name _____ D.O.A. 08/08/24 Time 7.42pm

IP No. _____ Rent Per Day _____

Room No. Cradle

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
8/8/24	7-42pm	OT	1st floor (Cradle) (HH)	3209.

OPERATION THEATRE

Date :
Surgeon :
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist :
OT Nurse :
Name of Surgery :

OT No. :
Start Time :
End Time :
Dis. Pack :
Diathermy :
C-Arm :
Arthroscopy :
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
8/8/24	Blood Group & Typing - (5560)
10/8/24	SBR (Total, Direct, Indirect), T_3, T_4, TSH (5599).
	SBR (TOTAL, DIRECT, INDIRECT) 5624

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

12/8/24	OAE -		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SHANTHI	08/8/24	10/8/24	11/8/24				

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

Other Procedures : (specify) :-

Resuscitation done (8/8/24) Dr. Shanthi

Vaccination done by Dr. shanthi mam Attender amount Paid.

Admission Officer :

for Sister In-charge