BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Na B/O.YAMINI
0/Male/MHM202406226
09/08/2024/IPM2024000668
IP No. I
Dr.KRITHIKA
Room No.

D.O.A. 09.08.24 Time 7.32am

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature

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
9.8.24	7.40 am	9.8.24	9 am

~~INFUSION PUMP~~ Warmer

Date	Start	Date	Disconnect
9.8.24	7.30 am	9.8.24	9 am

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
9.8.24 9am)	Blood grouping & typing (cord)(5563)
11/8/24	SBR (total, direct, indirect)(5608)

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

10/8/24	OAE
10/8/24	Neo born Screening.

CBG

9/8/24	CBG (1)	(5575)
10/8/24	CBG (2)	(5602)
11/8/24	CBG 3	(5669)

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr: KRITHIKA	9/8/24.	10/8/24					

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

Other Procedures : (specify) :-

Resuscitation done by Dr. Krithika

Vaccination given by Dr. Krithika.

Admission Officer : 3052

3203

Sister In-charge