BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mr.SATHISH KUMAR P
36/Male/MHM202406232
09/08/2024/IPM2024000671
Dr.BALAMURUGAN.S

Patient Name _____

IP No. _____

Room No. _____

D.O.A. _____ Time _____

Rent Per Day _____

Date	Time	From	To	Sister Signature
9/8/24	12.10Pm.	ER	Day Care	SIN Kavi.
9/8/24	8.35 pm	Daycare	OT	Sandhiya 31389
9/8/24	10.3 pm	OT	ICU & Ward	4-Kamini/3169

OPERATION THEATRE

Date	: 9/8/24	OT No.	: 1
Surgeon	: Dr. Balakumaran	Start Time	: 10:00pm
Asst. Surgeon	: -	End Time	: 10:30pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: -	C-Arm	: -
OT Nurse	: S/Nr. Vasantha	Arthroscopy	: -
Name of Surgery	: Lipoma excision under local anesthesia	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
9/8/24	BT, CT (5573)
9/8/24	Speciman Sent to HPE main modwey hospital (5589)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Balamurugan	10/8/24						

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

Other Procedures : (specify) :-

OT Clearance: 3202

Admission Officer :

Sister ~~In-charge~~