

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. R. ShanthaD.O.A. 9/8/24 Time 6:20pmIP No. 2024001039Room No. 20Rent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
9/8/24	6:30 PM	Straight	ICU	<i>[Signature]</i>
10/8/24	3 PM	ICU	OT	<i>[Signature]</i>

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	Date	Start	Date	Disconnect
9/8/24	6:30 PM	10/8/24	3 PM	①			

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
9/8/24	6:00 PM	10/8/24	6:00 AM	②			

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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
10/8/24	fBS, Electrolyte C 10130 ✓
10/8/24	urine Routine. C 10148 ✓ B (9)
11/8/24	CBC [10204]
12/8/24	Prostate culture (10259) urine culture [10238]
14/8/24	TWBC (1328)

[illegible]

CBG

10/8 Lern (20130)

1pm 10/4/4

7pm (10152)

11/8/24

Coam (10/93)

1218124

60m (102342)

Date _____

PHYSIOTHERAPY

10/08/24 3.30pm limb and chest physio

12/08/24 11:00 AM Limb and Chest physiology

5:00pm Limb and Chest Physio

11:00 Am Qmb and Chest Physio

5.30pm limb and chest Phys

12:00 pm. limb and chest Phys

5.00 pm, limb and chest phys.

11:00pm limb and chest phys

5:00pm limb and chest physio

11am: Lionb and chest ph

NEBULIZER

NEBULIZER

14

Ref: Dr. Jamuna.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rajkumar	9/8/24						
Dr. Parthiv	9/8/24	10/8/24	11/8/24	12/8/24			
Dr. Balaprasad	9/8/24						
Dr. Anand MS	12/8/24						
DR. JAMUNA	12/8/24	13/8/24	14/8/24	15/8/24	16/8/24	17/8/24	18/8/24
	11.45	11.45	12.15pm	11.45			
		5.00pm					

PHARMACY

OT DRUGS REPLACED : V. Jyoti
 BILL CLEARED : No due
 RETURNS CHECKED : Tot: - 19933/-

AMBULANCE

Other Procedures : (specify) :-

9/8/24 inj: fenta 2ml (1) used

17/8/24 at 9.10 am
 Verified by
 Sny.

Admission Officer :

Sister In-charge