BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Master.VARUN SESHATRI S
9/Male/MHM202406310
16/08/2024/IPM2024000704
Dr.MUTHAIYA

Patient Name _____

IP No. _____

Room No. ___

D.O.A. 16/8/24 Time 7:30

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
16/8/24	8-30Am	ER	3rd-floor (308)	Sangeetha

OPERATION THEATRE

Date :
Surgeon :
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	Disconnec

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconne

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconn

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
16/8/24	CBC, CRP, RFT, LFT - (5782)
	Dengue NS1, serology Elisa (5796) (5797)
18/8	CBC, [illegible] (5855)
	CRP (5862)
19/8/24	Blood Gls, PS, ESR (5871)

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

19/8/24	USG NECK DONE	By DR. JOSEPH (5880)
19/8/24	Chest X-Ray (5878)	
19/8/24	CECT THORAX & CT NECK (5923)	Done by Golden Scan

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. MUTHAIYA	16/8/24	17/8/24	18/8/24	19/8/24	20/8/24		

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge