BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MRS: JANAKI

Mrs.N. JANAKI
41/Female/MHF202421915
13/08/2024 IPL2024006235
DR.PARTHIBAN DURAISAMY

IP No. IPE2024000235

Room No. General ward

D.O.A. 13/8/24 Time 7:35pm

Rent Per Day 750 / per day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/8/24	12pm	OP	EMR	
13/8/24		EMR	General ward	

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

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
13/8/24	Surgical profile (BT, CT, Blood Group and typing, CBC, ESR, PT, APTT, INR. Electrolytes, Sugar(R) Urea, Creatinine, Serology)

Mrs.N. JANAKI
41/Female/MHF202421915
13/08/2024/IPL2024000235
Dr.PARTHIBAN DURAISAMY

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

13/8/24	CT Brain & Facial Bone x-ray c spine AP/lat, ECG CXR (OP. Bill no: MH/MV/DCAE 2024 00973)		

CBG

CBG

PHYSIOTHERAPY

Date	

~~NEBULIZER~~ Dressing

13/08/24	(1)	

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Parthiban	13/8/24 (1)						

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

Other Procedures : (specify) :-

Dressing – (1)

D.O.A: 13/08/2024.

D.O.D: 13/08/2024. 9.31 PM.

Admission Officer :

Mrs.N. JANAKI
41/Female/MHF202421915
13/08/2024/IPL2024000235
Dr.PARTHIBAN DURAISAMY

Sister in-charge