BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mrs.SARADHA E
63/Female/MHM202406327
13/08/2024/IPM2024000691
Dr.KOMAGAL

IP No. _____

Room No. _____

D.O.A. 13/8/24 Time 9:25PM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/8/24	9:45PM	ER	3rd Floor 309	Sarithra 3219
14/8/24	5:00AM	309	OT	Sarithra 3219
14/8/24	6:45AM	OT	309	

OPERATION THEATRE

Date	: 14/8/24	OT No.	: 01
Surgeon	: DR. KOMAGAL	Start Time	: 5 AM
I Asst. Surgeon	: DR. TARUN KURIAN	End Time	: 6 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: USED
Anaesthetist	: DR. SENTHIL KUMAR	C-Arm	:
OT Nurse	: S/N VASUNATHA MARY	Arthroscopy	:
Name of Surgery	:	Laproscopy	: USED
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ML USED
		Others	:

MONITOR

Date	Start	Date	Disconnect
14/8/24	6 AM	14/8/24	8 AM

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
4.8.24	Urgent sent HPE main Hospital (5691)

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

CBG

14/8/24	1 (5690)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Komogal	14/8/24						

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

Other Procedures : (specify) :-

OT clearan
Cun

CBD Done ai ; TDM/ ~~MOT~~,

14/7/24 ↑CBD Removed @ 5pm.

Admission Officer : [signature] 3704

[signature] 3170

Sister In-charge