BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. HARISH PRABHU.S D.O.A. 15/8/24 Time 11.15PM

IP No. 20 24000 1055

Room No. 9/W/F Rent Per Day ₹1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
15/8/24	3.30 pm	Casualty	General ward	S/N Velin Rani (2230)

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
15/8/24	CBC, CRP, RBS, RFT, LFT, Electrolytes, ESR, Serology, BT, CT, Blood grouping & typing, Urine complete (4202).
15/08/24.	PTINR, APTT

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
15/8/24	CT - Abdomen. (4202)		
	ECG		
	Chest x-ray (4202)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

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
15/8/24	CBC, CRP, RBS, RFT, LFT, Electrolytes, ESR, Serology, BT, CT, Blood grouping & typing, Urine complete (Apoq).
15/08/24.	PTINR, APTT

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
15/8/24	CT - Abdomen. (4202)		
	ECG		
	Chest x-ray (4202)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

2000

Ref: MADHAVAN AMBULANCE

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Alex moses	16/8/24.						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jayanthi BILL CLEARED : No due - RETURNS CHECKED : Tot :- 605.00	

Other Procedures : (specify) :-

(1). Arun MRF OUR HOSPITAL AMBULANCE

16/8/24 at 1.50 pm
Verified by
V.J.

Admission Officer :

Sister In-charge