# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mast. Logamithran. D.O.A. 16/08/24. Time 11.45am

IP No. 2024001060

Room No. 215. Rent Per Day 1500 /-

## TRANSFER DETAILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 16/8/24 | 12.30 pm | Casualty | IInd floor | S/N celia dasi |
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## 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 |
|---|---|---|---|
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
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## 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 |
|---|---|
| 19/08/24 | CRP (0561) |

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

## CBG

## CBG

| Date | PHYSIOTHERAPY |
|---|---|

## NEBULIZER

16/8/24
11pm
17/8/24
8am
7am

17/8/24 8am

17/8/24
11pm
18/8/24
8am
7am
5.00 pm

6.00 pm

## NEBULIZER

Ref: Dr. Manivannan (Paed)

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| Dr. maheswaran | 16/8/24 | 17/08/24 | 18/8 | 19/08/24 | | | |
| morning | 1pm. W | 10am W | 12pm W | 11.45am W | | | |
| Evening | | 8PM W | 10PM W | | | | |

| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : Thyme | |
| BILL CLEARED : TOTAL - 5693/- | |
| RETURNS CHECKED : No due/- | |

Other Procedures : (specify) :-

Admission Officer : B.N.

Sister In-charge