BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: MRS. Saraal

D.O.A. 19/8/24 Time 3:00pm

IP No. IP#2024000245

Room No. G.W.

Rent Per Day 750/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
19/8/24	9:30AM	OP	EMR	
19/8/24	4:30pm	EMR	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
19/8/24	Ip routine (CBC, ESR, RFT, RBS, Elect, urea, creat.)
20/8/24	FBS, PPBS. RBS, Elect, HBSAg, HIV). (MMH/MV/DME.2024/0007)
21/8/24.	S. Sodium, Electrolytes,

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

19/8/24	CXR : CT Brain	MMH/MV/ISGH	20240003
20/8/24	ECG		
21/8/24	x-ray Ls Spine		

CBG

CBG

Date / PHYSIOTHERAPY

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. parthiban	19/8/24 (1)	20/8/24 (1)	21/8/24 (1)				

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

Other Procedures : (specify) :-

D.O.A : 19/8/24

D.O.D : 21/8/24

Dr. Kannan

Admission Officer :	Sister In-charge