



# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name

IP No.

Room No.

B/O.BHUVANESWARY S

Dr.Male/MHM202406437

19/08/2024/IPM2024000718

Dr.BINU NINAN



D.O.A. 19/8/24 Time 8:00 AM

Rent Per Day

10,000/-

## TRANSFER DETAILS

| Date    | Time | From | To            | Sister Signature |
|---------|------|------|---------------|------------------|
| 22/8/24 | 8 PM | NICU | 1st floor 113 | [Signature]      |
|         |      |      |               |                  |
|         |      |      |               |                  |
|         |      |      |               |                  |

## OPERATION THEATRE

|                   |   |                          |   |
|-------------------|---|--------------------------|---|
| Date              | : | OT No.                   | : |
| Surgeon           | : | Start Time               | : |
| 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 | Date    | Start | Date | Disconnect |
|---------|-------|---------|------------|---------|-------|------|------------|
| 19/8/24 | 8 PM  | 22/8/24 | 8 PM       | 19/8/24 | 8 PM  | 22/8 | 10 AM      |
|         |       |         |            |         |       |      |            |
|         |       |         |            |         |       |      |            |
|         |       |         |            |         |       |      |            |

## SYRINGE PUMP

## OXYGEN BCPAD

| Date    | Start | Date    | Disconnect | Date    | Start | Date    | Disconnect |
|---------|-------|---------|------------|---------|-------|---------|------------|
| 19/8/24 | 8 PM  | 21/8/24 | 10 AM      | 19/8/24 | 8 PM  | 22/8/24 | 10 AM      |
|         |       |         |            |         |       | 22/8/24 | 8 PM       |
|         |       |         |            |         |       |         |            |
|         |       |         |            |         |       |         |            |

## SYRINGE PUMP WARMER

## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## VENTILATOR

| 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 :                   |

[illegible]

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

19/8/24 CHEST XRAY (Package)

19/8/24 ECHO (IP) (5910)

CBG

19/8/24 1 5909  
20/8/24 2 5939  
21/8/24 1 5961

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]