BILLING CARD

Baby.HARSHITHA S
0/Female/MHM202406452
20/08/2024/IPM2024000722
Dr.NARAYANAN.E

Patient Name _____ D.O.A. 20/8/24 Time 11:30 P

IP No. _____ Rent Per Day 7500/-

Room No. _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/8/24	12.20Am	ER	ICU	

OPERATION THEA TRE

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
21/8/24	12.30Am	21/8/24	5pm.

INFUSION PUMP

Date	Start	Date	Disconnect
21/8/24	12,30Am	21/8/24	5PM

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 THEA TRE

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
20/8/24.	CBC, RFT, LFT (5928)

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

CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Narayanan (Peadr)	21/08/24						

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

Other Procedures : (specify) :-

Admission Officer : [signature] 3022

[signature] 3187
Sister In-charge