BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Child · Mufliha · M

D.O.A. 23/8/24 Time 8·30 pm

IP No. IPKB2024001080

Room No. (G-W)-F

Rent Per Day 1000 /-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
23/8/24	9:15 pm	Casualty	~~2nd Floor~~ G/W	[illegible]

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				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	Inj. Fentanyl :
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Date	LABORATORY
23/8/24	CBC, CRP (OPKB2024043841) 23/08/24 OP paid

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Ref. dr. manivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. MAHESHWARAN	23/8/24	24/8/24	25/8/24				
	10.15pm	4pm	2pm				
		11pm					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : [illegible]	
BILL CLEARED : TOTAL - 657/-	
RETURNS CHECKED : No due	

Other Procedures : (specify) :-

Admission Officer : B. N.

Sister In-charge
28/8/24
3.Pm