BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mast. Dhanush. G.S D.O.A 30/8/24 Time 11:00 AM

IP No. 2024001911

Room No. 215 Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/8/24	12 PM	casualty	IInd Floor	S/N Sudhakar

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
31/8/24	Platlet, PCV, CRP (20241039)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref :- Dr. Meenivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheshwaran	30/08/24	31/08/24	01/09/24	2pm			
morning						(7)	
Evening	(1) 4pm	(3) 4pm.	2pm	4pm			
Night	(2) 9pm	(4) 10pm	10.00 pm				

Verified
AG

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 3319	
BILL CLEARED : NO: Due	
RETURNS CHECKED : D. Kala	

Other Procedures : (specify) :-

Dr. Saranya

Admission Officer :

Sister In-charge