BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mast. H. Rithvin D.O.A. 15/9/24 Time 2:00 Am

IP No. 2024001187

Room No. 206 Rent Per Day 2000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
15/9/24	3PM	casuality	Dr of Peed.	S/N Subaena

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
15/9/24	CBC, PBS, CRP, Dronstat Calcium

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
	15/9/24						
Dr mahesweran	12pm						
	9pm (CW)						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : TOTAL: 118 BILL CLEARED : NO: DUE RETURNS CHECKED : P. Kala	

Other Procedures : (specify) :-

R. Thanuja
15/9/24 4 9pm.

Admission Officer :

Sister In-charge