BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Child. mithra.k D.O.A. 27/8/24 Time 10:30pm

IP No. 2024001093

Room No. 201 Rent Per Day 2000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
27/8/24	10.40pm	casualty	2nd floor	Sml

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
27/8/24	CBC, CRP, RBS (OP Paid)

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

04/8/24	CT - Brain (OP Paid)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

2000

Ref: VAIRam AMBULANCE

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Maheswaran	28/8 11.30pm 9AM	29/8/24 4pm					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Thy. nil	
BILL CLEARED : TOTAL - 333/-	
RETURNS CHECKED : no due /-	

Other Procedures : (specify) :-

verified by
B. Hasini
29/8/24 4PM

Admission Officer :

Sister In-charge