BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. SARAVANAN.N D.O.A. 29/8/24 Time 02:45am

IP No. 2024001105

Room No. 211 Rent Per Day 2000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
29/8/24	3am	casualty	IInd Floor.	S/N celin Rani 2230

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
29/8/24	CBC, RBS, RFT, LFT, Electrolytes, ESR. (OPICB20240445) CRP, HBA1c OP Paid.

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

29/8/24	CT chest (op paid) (OPKB20240447B) OP Paid.
	ECG (OPKB20240447S) OP Paid.

CBG

29/8/24	CBG. (OPKB20240447B)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

2000

Ref: MADHAVANAN AMBULANCE

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Jamuna	29/8/24	~					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyanthi.	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot:- 752/-	

Other Procedures : (specify) :-

29/8/24

Admission Officer :

Sister In-charge