Cash

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: B. malathi

IP No.: 432

D.O.A.: 31/04/24 Time: 09:07AM

'Δ' 99s;- SOB x fever

Room No.: Siggle Room A/C

Rent Per Day: 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
31/8/24	10 AM	EMR	205 room	P. Sandya

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
31/8/24	10 Am	31/8/24	8Pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
31/8/24	10am	31/8/24	8Pm.

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	:

LABORATORY

Date	
1/09/24	NT pro-BNP levels, TLC, CRP, IgE levels

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

CBG

31/8/24	1	1
1/09/24 (1)		

CBG

Date

PHYSIOTHERAPY

NEBULIZER

31/8/24	1	1
1/09/24	1	

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Krishna prasad B.V.D	31/8/24	1/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : -	
BILL CLEARED : Medicine - 41766 /-	
RETURNS CHECKED : Kusuma 0099 01/09/24	

Other Procedures : (specify) :-

[Adm]ission Officer : | | A. Kalyani Sister In-charge