BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby. Rajavarma. M D.O.A. 1/9/24 Time 4.00pm

IP No. IPKB2024001119

Room No. G/W Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
1/9/24	at 5PM	casualty	G. ward	Sr. Subarna

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
01/09/24	9.30 PM	01/09/24	10.30 pm.

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
1/9/24	RFT, Electrolyte (OP Paid.) (OPKB2024045
4/9/24	MP, MF, WIDAL, CBC, Dengue Igm, Igh. Elisa CRP (C 11224)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
1/9/24	[illegible] (op paid)	(OPKB202404565) OP paid.	

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

(Mayavaram G.H)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Maheshwaran	1/9/24	2/9/24	3/9/24	4/9/24			
		10.00am	8AM	10AM			
		3pm	10pm	6 pm			

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	Total: 4164	
BILL CLEARED :	NO: Due	
RETURNS CHECKED :	P. Kala.	

Other Procedures : (specify) :-

S/N Kaviri
2236

04/09/2024
@ 18.05

Admission Officer : B. Ny.

Sister In-charg