BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mrs. Gandhasamy. M

D.O.A. 2/9/24 Time: 10:00am

IP No. 2024001123

Room No. GICW/M

Rent Per Day: 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
02/9/24	12:30PM	casualty	GICW	[signature]

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
2/9/24.	CBC, RFT, LFT, RBS, plasma acetone. sr. electrolyte. (OPKB202405729) Op paid
2/9/24	HBA1C 11231)
4/9/24	[illegible].

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

2/9/24	~~CBG~~ ECG, (ECHO screening) X-ray left Foot <AP oblique. (OPKB202405729)		OP paid

CBG

2/9/24	CBG - ① (OPKB202405729).	(OP paid)	
2/9/24	CBG - 2		
3/9/24	CBG - 3	11167	
4/9/24	CBG ①	(11178)	
4:30pm	CBG - ①	(11231)	
7:30pm	CBG - ①.	(11231)	
PPM	CBG - ①		
5/9/24	CBG - ①	②	
1pm	CBG ①		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

HMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Anand M.S.	2/9/24 W	4/9/24 W	5/9/24 W				
Dr. Jamuna.	2/9/24 W	4/9/24 W	5/9/24 W				
Dr. Karthikray	5/9/24 W						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : TOTAL - 11556/-	
RETURNS CHECKED : DUES - 412/-	

Other Procedures : (specify) :-

4/9/24 → SMALL DRESSING DONE BY DR. ANAND. MS

Admission Officer :

5/9/24 @4pm

Sister In-charge