BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Baby.SUBRAMBIKA
1/Male/MHM202406695
02/09/2024/IPM2024000770
Dr.DHANASEKHAR K

Patient Name _____

D.O.A. 02/09/2024 Time 5:00 PM

IP No. _____

Rent Per Day 1500/-

Room No. 309

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/9/24	7 PM	ER	IIIrd Floor 309	R. Punithavathi 3305

OPERATION THEATRE

Date :
Surgeon :
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist :
OT Nurse :
Name of Surgery :

OT No. :
Start Time :
End Time :
Dis. Pack :
Diathermy :
C-Arm :
Arthroscopy :
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, CRP [6265] Blood Clc [6266]

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

2/9/24	Chest ~~x-ray~~ AP view [626]	

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

2/9/24	1		
3/9/24	2 + 2		
3/9/24	2 + 2		
4/9/24	3 + 2		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. DHANASEKAR	2/9/24	3/9/24	4/9/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 1113/-	Nil
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge