09 SEP 2024

B/O.HEMALATHA
0/Female/MHV202404452
05/09/2024/IPV2024000792
Dr.(MAJOR) SATHISH KUMAR

BILLING CARD

09 SEP 2024

MH/ PRINT / 0007 / BILL / FO

Patie

IP No

D.O.A. 05/09/24 Time 5.30

Room No. Nursery ward Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/9/24	7am	OT	ward	

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
5/9/24	CBC, BLOOD GROUP & RH TYPE, BILIRUBIN - TOTAL, BILIRUBIN - DIRECT, PS, TSH, T4 (FREE), COOMBS TEST - DIRECT (5463)
6/9/24	BILIRUBIN - TOTAL, BILIRUBIN DIRECT (5497)
8/9/24	Free T_3, T_4, TSH (5540)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Sathish Kumar	5/9/24 at 10.30 PM	6/9/24 11.30 am	7/9/24 10 pm	8/9/24 at 3 pm			
DR. Sathipriya	5/9/24 10 pm at						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : 05/09/24

Sister In-charge