BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Child. Nirupallavi. A D.O.A. 5/9/24 Time 2.30pm

IP No. IPKB20240011136

Room No. PICU Rent Per Day 3000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/9/24	3.00 pm	casualty	PICU	SN Sarala.
6/9/24	3 pm	PICU	2nd Floor	N.Vijayalakshmi

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
5/9/24	2.30pm.	6/9/24	12pm

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
05/9/24	CBC, CRP, RFT, Sr. electrolyte. (OP paid) (OPSB202404652) OP Paid.
8/9/24	CRP, Platelet, widal (1390)

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

5/9/24	CXR (OP paid)	(OPKB 202404652) OP paid.	
6/9/24	ECG Pugeam hospital	(Attender paid) our Ambulance	

CBG

05/9/24	a		
6/9/24			
CBG-1	(12-12.)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

(MMC)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Maheswaran	5/9/24	6/9/24	7/9/24	8/9/24	09/09/24	10/09/24	11/09
Morning		11am PLW	9am. W	(W)		10.Am W	W
Evening							
Night	9.30pm PLW	10.00 pm W	TPM W	9pm. W	9.Am 10pm. W	10pm. W	
			Verified AB				

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	Total : 6368/-	
BILL CLEARED :		
RETURNS CHECKED :	NO due	

Other Procedures : (specify) :-

R Thakkiya
11/9/2024 10am.

Admission Officer : B.M.

Sister In-charge