BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Kalyani. S.R D.O.A. 5/9/24 Time 10:15pm

IP No. 2024001139

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

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/9/24	11.30pm	casualty	G/W	Rivinedhini 2164

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, CRP, RBS, RFT, LFT, & electrolytes (ERKU20240224)
6/9/24	Urine complete, Acetone blood (4/1300)

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

5/9/24	ECG (ERKU2024022 46)		
5/9/24	CT chest, CT DL spine, CT whole spine		
5/9/24	CT Abdomen (20241130 0) screening		

CBG				CBG			
5/9/24	CBG	(411300)					

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Ref :- Dr. manikandan (own case)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gopinath	5/9/24	Rs 500/-					
Dr. Manikandan	6/9/24						

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total : 3715	
BILL CLEARED	: NO : Due	
RETURNS CHECKED	: P. kala.	

Other Procedures : (specify) :-

S/N Karthika
2236

06-02-2024
@ 16.51 pm

Admission Officer : A. cath

Sister In-charge