BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Master.JAYSON
4/Male/MHM202406770
06/09/2024/IPM202400791
Dr.S RAASHIDHA

D.O.A. 06/09/24 Time 5.00PM

IP No. _____

Room No. ___

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
6/9/24	3.30pm	ER	Day care	M. Devi/25
6/9/24	8PM	Day care	3rd floor (307)	M. Devi/25

OPERATION THEATRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
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	:		
Surgeon	:	OT. No.	:
I Asst. Surgeon	:	Start Time	:
II Asst. Surgeon	:	End Time	:
III Asst. Surgeon	:	Dis. Pack	:
Anaesthetist	:	Diathermy	:
OT Nurse	:	C-Arm	:
Name of Surgery	:	Arthroscopy	:
		Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
6/9/24	CBC / LFP, / SGOT, SGPT / widal. slide / Sr. Electrolytes, Urea, Creat, Blood c/s (6362)
7/9/24	Urine c/s (6410)

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

7/9/24	U.S.G abdomen done by	DR. Joseph Sir (6400	

CBG

A			

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rasidha	6/9/2	8/9/24	9/9/24				
Dr. Dinesh	7/9/27						

PHARMACY

OT DRUGS REPLACED : Bill Amount = 1350 /-

BILL CLEARED :

RETURNS CHECKED :

9/9/24
4.11 pm

AMBULANCE

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge