BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby - Dadhi Sivan.y D.O.A. 7/9/24 Time 10:00am

IP No. 2024001148

Room No. OT(W)IN Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/9/24	12PM	Casualty	General ward	S/N Bolin Rani

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
7/9/24	CBC, CRP, RBS, Electrolytes (OPKB20240468) (OP paid)
8/9/24	CBC, Electrolytes

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

CBG				CBG			
7/9/24	CBG (1) (OPKB2024041681) (Op paid)						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Ref: Dr. Manivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Maheshwaran	7/9/24 7pm.	8/9/24 10am	9/9/24 8am				
		8/9/24 10pm					

Verified

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	V. Jayadevi.	
BILL CLEARED :	No due.	
RETURNS CHECKED :	Tot: ~~1543~~	3037.00

Other Procedures : (specify) :-

09/09/2024 at
verified by 11.30am

Admission Officer :

Sister In-charge