BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mrs.NAGA PRIYA J
34/Female/MHM202406793
07/09/2024/IPM2024000796
Dr.SARALA

IP No. _____

Room No. __

D.O.A. 7/9/24 Time 9:00PM

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/9/24	9pm	LR	IIIrd Floor.	Shanmathi.
8/9/24	3.45 AM	IIIrd Floor. 308	OT	Dhanalakshmi
8/9/24	5 AM	OT	3rd Floor	Reap 3171

OPERATION THEATRE

Date	: 8/9/24	OT No.	: 1St OT
Surgeon	: DR Sarala	Start Time	: 4AM
I Asst. Surgeon	:	End Time	: 5 0m
II Asst. Surgeon	: DR prema	Dis. Pack	: —
III Asst. Surgeon	: Dr. Keerthika (pediatrician)	Diathermy	: used
Anaesthetist	: DR. Pack Prakash	C-Arm	: —
OT Nurse	: vasantha	Arthroscopy	: —
Name of Surgery:		Laproscopy	: —
Elective LSCS- VSA. Male baby, whight: 3.39kg. Time: 4.18AM.		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl	: Warmer used. 10 OT.
		Others	: inj. Pentanyl end used.

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

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. Saroja.	8/9/24	9/9/24	10/9/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 12081	No Ambulance
BILL CLEARED : 10/9/24	
RETURNS CHECKED : 10/9/24 4.26pm	

Other Procedures : (specify) :- OT Clenence done Adv: 30,000/-

8/9/24 catheterisation done @ 3am.

7/9/24 CTG - (1)

10/9/24 Small Dressing. Done.

Admission Officer

Sister In-charge