BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Child - DHIYANSHI. S D.O.A 3/9/24 Time 15:00 PM

IP No. 2024001158 82.

Room No. 2(A)1 Rent Per Day 1500

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
8/9/24	3.50 pm	casualty	IInd Floor	Sr celin 22320

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
8/9/24	HbA1c, PS, MP, MF. (op paid).
10/9/24	Bail salt, Bail pigments test done (1499)

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

9/9/24	Kalirajan scan our ambulance (Own paid)		
9/9/24	Arun scan our Ambulance		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Dr. Maniyaman.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheswaran	8/9/24	09/09/24	10/09/24				
	9pm.	9AM 10PM.	10AM				

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total: 586/-	
BILL CLEARED	:	
RETURNS CHECKED	: No due.	

Other Procedures : (specify) :-

Verified by
B. Harini
16:43 10/9/24

Admission Officer :

Sister In-charge