# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Master.CHIZHIYAN A
2'Male'MHM202406831
09/09/2024'IPM2024000806
Dr.NARAYANAN.E

IP No. _____

Room No. __

D.O.A. 09/09/ Time 1.30pm

Rent Per Day 7500/-

## TRANSFER DETAILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 9/9/24 | 3Pm | ER | ICU | Shenu 9.9.2024 |
| 11/9/24 | 10am | ~~ER~~ ICU | 1st floor 112 | P.Mohanapriya 8240 |
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## 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 |
|---|---|---|---|
| 9/09/24 | 3.15pm. | 11/9/24 9.30am | 9.50am |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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| 9/09/24 | 3.30pm. | 10/9/24 | 4pm |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
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## OPERATION THEATRE

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|---|---|---|---|
| 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 |
|---|---|
| 9/9/24 @ 2:30pm | crea, Creatinine, $Na^+$, $K^+$, SGOT, SGPT (6444) |
| 11/9/24 | CBP, CRP (6488) |

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

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| 11/9/24 | CXR AP (64907) | | |
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| Date | PHYSIOTHERAPY |
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## NEBULIZER

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| 09/09/24 | 6 + | | |
| 10/9/24 | 6+9+2 | | |
| 11/9/24 | 4 | | |
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## NEBULIZER

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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
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| DR. Narayanan | 9/9/24 (2) | 10/9/24 (1) | 11/9/24 | | | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : Bill Amount = 2861 | |
| BILL CLEARED : 10/9/24 | NIL. |
| RETURNS CHECKED : | |

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge