BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name : Mr.ARUN KUMAR C
38/Male/MHM202406834
09/09/2024/IPM2024000808
Dr.VAISHNAVI GANESAN

IP No. _____

Room No. ___

D.O.A. 09/09/24 Time 8:00 PM

Rent Per Day 2500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/9/24	11:00pm	ER	4th floor	Shri 3296

OPERATION THEATRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
II 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
9/9/24	CBC, CRP, RFT, LFT, Urine R/E, HbA1c (6449)
10/9/24	FLP, TFT (5486)

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

9/9/24	CXR. (6450)		
10/9/24	MRI SPINE WITH WHOLE SPINE SCREENING (6502) / Gold Scan.		HEAD BRAIN SCREENING

CBG

9/9/24	1 (6450)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Vaishnavi	10/9/24	11/9/24					
DR. Mohammed Siddiqui (ENT)	10/9/24						
Dr. Shanmuga Sundaram	11/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 3051/-	
BILL CLEARED : Refund Amount = 1566/-	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer

Sister In-charge