



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mast. B. SivaShankaran

D.O.A. 11/9/24 Time 1:00 Am

IP No. 2024001166

Room No. 200

Rent Per Day 4100/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/9/24	6:55am	Cas	200	Sibana

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	Date	Start	Date	Disconnect
11/9/24	1:30am	11/9/24	10PM	11/9/24			

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				11/9/24	6am	11/9/24	6.am
				11/9/24	2am	11/9/24	10 PM
				11/9/24	7pm	11/9/24	10:pm

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				11/9/24	1:30am	11/9/24	10:pm

VENTILATOR

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

11/9/24 ECG (0PKB20240470) ✓
 11/9/24 chest xray (11526) ✓
 11/9/24 CT Brain ✓
 11/9/24 CT CS Spine (411547) ✓
 11/9/24 CT Chest ✓
 11/9/24 Echo (11535) ✓

CBG

CBG

11/9/24
 8am (11526)
 1pm (411547)
 9pm (11535) (3)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref:- Modhavan Ambulance 2000)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Swarna	11/9/24						
Dr. Alex mess	11/9/24						
Dr. Keshav	11/9/24						
Dr. Subashini	11/9/24						
Dr. Parichandra	11/9/24						

PHARMACY

OT DRUGS REPLACED : s. int
BILL CLEARED : TOTAL - 19346
RETURNS CHECKED : no dues

AMBULANCE

Other Procedures : (specify) :-

Other Procedures : (specify) :-

11/9/24	ryles tube	done ✓
11/9/24	Trifentals	10ml @ camp used ✓

Admission Officer :

SINPL
2045

Sister In-charge