

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Baby . Harshavarthan . VD.O.A. 11/9/24 Time 1.00pmIP No. 1PKB2824001167Room No. 810Rent Per Day 2000 /-**TRANSFER DETAILS**

| Date    | Time                | From      | To        | Sister Signature   |
|---------|---------------------|-----------|-----------|--------------------|
| 11/9/24 | 12:30 <sup>PM</sup> | Casualty  | 2nd Floor | <i>[Signature]</i> |
| 11/9/24 | 11pm                | 2nd floor | PICU      | <i>[Signature]</i> |
| 15/9/24 | 9pm                 | PICU      | B floor   | S/N Kirthika 216   |
|         |                     |           |           |                    |
|         |                     |           |           |                    |

**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 |
|---------|-------|---------|------------|
| 11/9/24 | 11pm  | 15/9/24 | 9pm        |
|         |       |         |            |
|         |       |         |            |
|         |       |         |            |

**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 |
|------|-------|------|------------|
|      |       |      | HEALCC     |
|      |       |      | HEALC      |
|      |       |      |            |
|      |       |      |            |

**VENTILATOR**

| Date    | Start | Date    | Disconnect |
|---------|-------|---------|------------|
| 11/9/24 | 11pm  | 12/9/24 | 11pm       |
| 13/9/24 | 11am  | 14/9/24 | 11AM       |
|         |       |         |            |
|         |       |         |            |

| 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 :   | Laproscopey :              |
|                     | Sevoflurane / Isoflurane : |
|                     | Inj. Fentanyl :            |
|                     | Others :                   |

Date 11/9/24

**LABORATORY**  
CBC, CRP, RF, (OP Paid)

\_\_\_\_\_

7

[illegible]

Ref:- Dr. Manivannan.

| CONSULTANT NAME                                           | Date       | Date    | Date    | Date             | Date    | Date    | Date     |
|-----------------------------------------------------------|------------|---------|---------|------------------|---------|---------|----------|
| DR. Maheswaran                                            | 11/9/24    | 12/9/24 | 13/9/24 | 14/9/24          | 15/9/24 | 16/9/24 | 17/9/24  |
| Morning                                                   |            | 10 PM   | 10 AM   | 3 PM             | 12 PM   | 12 PM   | 10.00 AM |
| Evening                                                   |            | 9.30 PM | 10 PM   | 10 PM            | 8.30 PM | 9 PM    |          |
| Night                                                     |            |         |         |                  |         |         |          |
| Attender stay                                             | on 12/9/24 | at 9 AM | in 208  |                  |         |         |          |
| Attender stay                                             | on 15/9/24 | @ 9 PM  |         |                  |         |         |          |
| PHARMACY                                                  |            |         |         | AMBULANCE        |         |         |          |
| OT DRUGS REPLACED : Total: 16103 /-                       |            |         |         |                  |         |         |          |
| BILL CLEARED :                                            |            |         |         |                  |         |         |          |
| RETURNS CHECKED : No due.                                 |            |         |         |                  |         |         |          |
| Other Procedures : (specify) :- HFNC circuit used 11/9/24 |            |         |         |                  |         |         |          |
| Admission Officer : B. N. N.                              |            |         |         | Sister In-charge |         |         |          |