BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Dr.SWALIHA ALTHAF
27/Male/MHM202406874
11/09/2024/IPM2024000814
Dr.VAISHNAVI GANESAN

IP No. ________

Room No. ________

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

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/9/24	10.30 PM	[illegible] ER	1st Floor	Saritha 3219

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				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

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Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
11/9/24	CBC, LFT, RFT, CRP, Sr. PCT (6505)
12/9/24	Urine R/E, Sputum c/s (5610)
12/9/24	Urine c/s. (6514)

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

11/9/24	X-ray, ECG (6505)		

CBG

11/9/24	1 (6506)		

CBG

ABG (6506)			

Date	PHYSIOTHERAPY

NEBULIZER

11/9/24	1+1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Vaishnavi	12/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Bill Amt. Rs. 5332.00	No Ambulance :-
BILL CLEARED :	
RETURNS CHECKED : 2443 Sep 12 paid	

Other Procedures : (specify) :-

Admission Officer : 3022

Sister In-charge