BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Shanmugasundram D.O.A. 12/09/2024 Time 9PM

IP No. 2024000300

Room No. 213 Rent Per Day 1400/ Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
12/09/24	9 PM	EMR	Ward	Srithar. P

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
12/09/24	6pm.	12/09/24	7PM.

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
12/9/24	CBC. Urea, Creatinine. Electrolytes. MMH/MVB/ DAB 2024/21

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

12/09/24	ECG		

CBG

12/09/24	(3)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Paartha Sarthy anast. (MBBS)	12/9/24 (1)	13/9/24 (1)					
Dr. Panthappan (Nsons)		13/9/24 (1)					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

D.O.A : 12/9/24.

D.O.D : 13/9/24.

Dr. Saravanan

NS mam

Admission Officer :

Sister In-charge