BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby. Hariharan. R D.O.A 12/9/24 Time 8:20pm

IP No. 2024009171

Room No. G/w-m Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
12/9/24	at 9.30PM	Casuality	G. ward	S/N Subaina

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

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

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

Dr. maheswaran Colon Cases

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
1. Dr. maheswaran (visit Casualty)	12/9/24	13/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : TOTAL : 2584 BILL CLEARED : RETURNS CHECKED : NO due.	

Other Procedures : (specify) :-

Admission Officer :

B. Amutha 13/9/24
Sister In-charge