Card Received 9.30am

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Child.DHANUSHRE
2'Female/MHM202406915
13/09/2024/IPM2024000821
Dr.S RAASHIDHA

Patient Name _____

IP No. _____

Room No. 803

D.O.A. 13/9/24 Time 7.30 PM

Rent Per Day 2500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/9/24	9.00pm	ER	ICU Floor.	S/N Kaviarasi.

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	:

Referring doctor : Dr. Dinesh.

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
13/9/24	CBC, CRP, RFT, ~~LFT~~ (6536)
	Blood GPS (6537)

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

13/9/24	CXR (6535)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

13/9/24	(3)		
14/9/24	(2+1)	2	
15/9/24	2+1	(A)	

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Raashidha	12/9/24	14/9/24					
DR. Dinesh	14/9/24	15/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 623/-	—
BILL CLEARED : 15/9/24	
RETURNS CHECKED : 12.19pm	

Other Procedures : (specify) :-

EEG / NCS - No

Diet - No

Admission Officer:

3185

Sister In-charge