BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby. A. Ashik

D.O.A 12/9/24 Time 8:00pm

IP No. 2024001179

Room No. 206

Rent Per Day 2000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
12/9/24	8.40pm	casualty	2nd Floor	[illegible]

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
12/9/24	CBC, CRP, Sr. electrolyte, RBS.

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref:- Dr. manivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheswaran	13/9/24	14/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jayanthi	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot: 344.00	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge