BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mrs.JENOVIA JESIKALA
42/Female/MHM202406920
13/09/2024/IPM2024000823
Dr.SIVAKUMAR D.K.

IP No. _____

Room No. _____

D.O.A. 13/9/24 Time 10.00pm.

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/9/24.	11.30pm.	ER	3rd floor 309	SIN Kavi

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
14/9/24	RFT using ~~Complete~~ b538)

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

CBG

14/9/24	3 (6539)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Siva Kumar	13/9/24	14/9/24	14/9/24				
		3000					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 10384 /-	
BILL CLEARED : Approved	NIL
RETURNS CHECKED :	

Other Procedures : (specify) :-

out Source.

Diet =

OT instrument =

EEG / NCS =

Endoscopy / colonoscopy =

3209

Admission Officer :

Sister-In-charge