



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name K. Chinnaraja.

D.O.A. 14/9/24 Time 2.40 pm.

IP No. 2024001183

Room No. Icw.

Rent Per Day 4100 /-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
14/9/24	5pm	Ceasewaty	Icw	P. Vinodhini
15/9/24	11am	Icw	2nd floor	P. Vinodhini

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
14/9/24	5pm	15/9/24	11am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
14/9/24	14/9/24 5pm	14/9/24	8pm

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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

14/9/24 ECG (202402402)

CBG

CBG

14/9/24 CBG (202402402)

5.30pm (11697)

7pm (11697)

8pm (11697)

15/9/24 12.30am (11718)

5/9/24 3am (11718)

11.30pm (1734)

1.00pm (1734)

7.00pm (1734)

15/09/24 10pm - 1 (11762)

16/09/24 4am - 1 (11762)

6am - 1 (11762)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Dr. Pengaraj.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Karthik Raj	14/9/24						
DR. palaniyappan	14/9/24						
Dr. palaniyappan	14/9/24						
Dr. Samun	15/9/24	16/9/24					
	6.00PM						

Verified
ACZ

PHARMACY

AMBULANCE

OT DRUGS REPLACED :

BILL CLEARED : Due: - 19274/-

RETURNS CHECKED : Tot:- 96368/-

Other Procedures : (specify) :-

verified by
B. Harini
12:24 16/9/24

Admission Officer :

Sister In-charge