BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby. Dharshana D.O.A. 15/9/24 Time 12.15 pm

IP No. IPKB2024001188

Room No. G W - F Rent Per Day 1000 /-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
15/9/24	12.15 pm	casualty	G/W	S/N Sarla
15/9/24	5.15 pm	G/W	207	Karthika

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

15/9/24	Neb-①		
16/9/24	Neb-②		
17/9/24	Neb-1		
18/9/24	Neb-1		

NEBULIZER

Ref!- Dr. manivannan.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Maheshwaran	15/9/24	16/9	17/9	18/9	19/9/24		
morning		12pm	10.30am (5)	10 AM (7)			
evening	(1) 8PM (3)			18/9/24	4.15pm (9)		
night	(2) 9pm	9PM (4)	10PM (6)	10pm (8)			

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	TF1.no	
BILL CLEARED :	TOTAL-7088/-	
RETURNS CHECKED :	no due/-	

Other Procedures : (specify) :-

Verified by
B. Harini
19/9/24 4.20 pm

Admission Officer : B.Nly.

Sister In-charge