BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. LOKESHWAR. R

D.O.A. 16/9/24 Time 22:20 PM

IP No. 2024009195

Room No. CTW/AD

Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
16/9/24	10:40pm.	Casualty	Ward	

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
16/9/24	CBC, CRP, Widal, UPME, Urine complete
	[OPCB20240101892]
17/9/24	Serum Calcium

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

16/8/24	ECG (opkb2024048972)		
16/08/24.	X-ray chest (opkb2024048972)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

Ref: Nr. Murugan.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jammy Morning	17/9/24 11.30am	1					
Evening	6.40pm	(2)					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Total : 4512	
RETURNS CHECKED : Due : 1532	

Other Procedures : (specify) :-

Admission Officer

Sister In-charge