BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name child. yugavaradhan. S D.O.A. 17/9/24 Time 5.00 pm

IP No. IPKB20240011197

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

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
17/9/24	3.00 pm	Casualty	4 W	

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
18/7/24	CRP (11849)

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

17/9/24	CXR (ERKU20240 2336)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

17/9/24	21/9/24						
Neb (1)	Neb (1)						
18/9/24							
Neb (4)							
19/9/24							
(3)							
20/9/24							
(4)							

Vairam Ambulance 2000/-

Ref:- Dr. Thiyagarajan Paed (Mayavaram)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
MR. Maheshwaran	19/9/24	18/9/24	19/9/24	20/9/24	21/9/24		
MORNING	(1) 10pm	10.30 pm (2)	4pm (4)	11am (6)	11 am		
EVENING							
NIGHT		10pm (3)	10.45pm (5)	10pm (7)			

Verified

AG

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyasri	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot :- 6083/-	

Other Procedures : (specify) :-

S/N Receipt 2236. 21-09-2024 @ 11.29 am.

Admission Officer : B. Nag.

Sister In-charge