B/O.NIVETHITHA S
0:Male/MHM202407019
18/09/2024/IPM2024000837
Dr.DINESH

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____ D.O.A. 18/9/24 Time 11.20 am

IP No. _____

Room No. Cradle Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
18/9/24	4pm	OT	Ward 302	

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
18/9/24	11.20 am	18/9/24	3pm

INFUSION PUMP

Date	Start	Date	Disconnect

~~OXYGEN~~ Warmer

Date	Start	Date	Disconnect
18/9/24	11.20 am	18/9/24	3pm

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
18/9/24 @ 4pm	Blood grouping & typing (6608) DCT (6609)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Lactation Sheethal	18/9/24						
Dr. Dinesh	18/9/24	19/9/24	19/9/24	20/9/24	21/9/24		
Dr. Binu	21/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	—
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Resuscitation :-
Dr. Dinesh 18/9/24

VACCINATION DONE
BCG/OPV/~~Hep B~~
Dr - Dinesh 19/9/24

NEW BORN SCREENING DONE on 20/9/24

EEG/NCS ✗

New born Screening ✓

Audiogram ✓

OAE Test done on 21/9/24

Admission Officer :

Sister In-charge