BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Rajendran A

D.O.A. 19.09.24, Time 9.30am

IP No. IPM2024000843

Room No. 309

Rent Per Day ₹500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
19/9/24	11.40 am	ER	IIIrd Floor (309)	

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
19/9/24.	CBC, RFT, LFT, ~~Urine RE~~, HBA1 (6637)
19/9/24.	Urine RE (6660)

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

19/9/24	ECG (6638)		
19/9/24	Chest X-ray PA (6638)		

CBG

19/9/24	(2) (6647) A+ ( )		
~~20/9/24~~	~~A+ ( )~~		
~~21/9/24~~	~~A+ ( )~~		

CBG

Date

PHYSIOTHERAPY Rs. 600/- per session.

19/9/24	6:00pm | 7:00pm
20/9/24	12:38pm | 7:30pm

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi	19/9/24	20/9/24	21/9/24				
Dr. Sreenivas	20/9/24						

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge