BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr:- I. David Anand Kumar

D.O.D 21-9-24

D.O.A. 20-9-24 Time 6:30 PM

IP No. 486

Δ: CICD

Room No. single Room non A/C

Rent Per Day 3000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
20/9/24	7:40PM	EMR	1st floor Room 101	Sudha

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	:

LABORATORY

Date	
21/9/24	S. Creatinine, Thyroid profile.

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

CBG

21/9/21 1

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Sandeep Sir	21/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Med - 63/- Nagalakshmi - 0098 21/9/24	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : Attu

A. Sridevi - DOW