BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby.JERSHIKA
3/Female/MHM202407065
20/09/2024/IPM2024000852
Dr.S RAASHIDHA

IP No.

Room No.

D.O.A. 20/9/24 Time 2.30pm

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
20/9/24	4.40pm	ER	(II) 3rd floor	[illegible]

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	
20/9/24	CBC, CRP, RFT, Dengue NS, IgM, IgG (F/FO) Blood C/S (6688)

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

CBG

21/9/24	① (6705)		
	② (6705)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rasthitha	20/9/24	20/9/24	21/9/24				

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

Other Procedures : (specify) :-

Diet -

OT equipment -

Endoscopy / Colonoscopy -

Admission Officer :

Sister In-charge