BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Baby.YUGAN
1/Male/MHM202407072
20/09/2024/IPM2024000854
Dr.DHANASEKHAR K

IP No. _____

Room No. __

D.O.A. 20/9/24 Time 5.00PM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
20/9/24	7Pm	ER	2nd Floor (309)	M. Devi/2nd

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, Dengue NS1 (ELISA) (6690)

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

2019/24.	C-X-Ray (6691)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. DHANASEKAR	20/9/24	21/9/24					

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

Other Procedures : (specify) :-

Diet -

OT equipment -

Endoscopy / colonoscopy -

Admission Officer :

Sister In-charge