BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MRS. Priya.S D.O.A 20/9/24 Time 21:50Pm

IP No. 20240001214

Room No. 4IW/P Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
20/9/24	10:29pm	Casualty	4IW	P.vinodhini 21/9/24

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
22/9/24	Hb - (2034)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

DR. Sivasakthi (Councelling)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SIVASAKTHI	21/9/24 8.10AM	22/9/24 10.00 am					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : s-lnt BILL CLEARED : total - 2316 RETURNS CHECKED : nodues.	

Other Procedures : (specify) :-

SIV (counselling)
2316
22/09/2024
@ 9.00pm.

Admission Officer :

Sister In-charge