

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Ramjith.RD.O.A 21/9/24 Time 11:00pmIP No. 20241001220Room No. 800Rent Per Day 2100**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
21/9/24	11:10 PM	Casualty	ICU	Sonley

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
21/9/24	11:30pm	22/9/24	3:30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
22/9/24	1am	22/9/24	3:30pm

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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

21/9/24 - ECG (1)
 CT - Brain } OP Paid

22/9/24 CT Abdomen (2018)
 " X-ray chest (2018)

CBG

CBG

21/9/24 ECG - (1) (OP Paid)

22/9/24 hem (2018)
 1pm (2018)

(2)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

2000
AmB

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	S. Int	
BILL CLEARED :	TO Tal - 8348	
RETURNS CHECKED :	no dues	
Other Procedures : (specify) :-		
Verified L. Nithya 22/9/24 at 3.30 Sister In-charge		
Admission Officer :		