BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name B/o. Uma. K D.O.A. 21/9/24 Time 12.05 am

IP No. IPKB20240012226

Room No. Cradle -1 Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
21/9/24	1:30pm	OT	A.W	S/N Soundharanayagam

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	:

Meenakshi

Date	LABORATORY
24/9/24	CBC, CRP, Serumbilirubin, TSH (12066)
24/9/24	CRP. (12169)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheshwaran	22/9/24	23/9/24					
Mrg	① 9 pm	③ 3 pm					
Eve	② 9 pm	④ 9 pm					
Dr. Kanagagiri	24/9/24 10am.	⑤					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 599	
BILL CLEARED : NO: Due	
RETURNS CHECKED : Pkala.	

Other Procedures : (specify) :-

21/9/24 Resustation by Dr. Maheshwaran

BIRTH CERTIFICATE - Rs. 500/-

24/9/24 at 5.20 am
varified by

Sister In-charge

Admission Officer : B. Nmj.