BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby.ADHANYA SHREE S
3/Female/MHM202407171
25/09/2024/IPM2024000874
Dr.DHANASEKHAR K

D.O.A. 25/9/24 Time 6.00 pm

IP No. _____

Room No. _____

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
25/9/24.	8-30pm	ER.	3rd Floor.	Raveena 31/10

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
25/9/24	CBC, CRP, Blood CLS (BSS)

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

25/9/24	Cx Ray (6839)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

26/9/24	S		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
26/9/24	(2)						
Dr. Dharaseelan.	26/9/24	27/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Sale : Rs. 2929/-	
BILL CLEARED : cash paid	
RETURNS CHECKED : Time: 4.07pm. 5167 27/9/24	Nil

Other Procedures : (specify) :-

Diet –

Endoscopy / colonoscopy –

OT equipment.

3204

Admission Officer :

Sister ~~In-charge~~