BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Master. Nivin. A D.O.A. 25/9/24 Time 8.30pm

IP No. IPKB202400l238

Room No. G/W-M Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
25/9/24	9.20pm	Casualty	G ward	

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/CDP Reads [signature]

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

CBG

2/6/24	CT	(C.T.S)	

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Re Dr. Maheswaran (own case)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Maheshwaran	26.9.24 10AM ①	27/9/24 10PM ③	28/9/24 10 AM ⑤				
	10pm ②	10pm ④					
			verified A.Q				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : NIL BILL CLEARED : TOTAL - 7301/- RETURNS CHECKED : no due/-	

Other Procedures : (specify) :-

28/9/24 at 5.40 pm
varified by
Dy.

Admission Officer : B.Ny.

Sister In-charge