BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mast. Haripookash. S D.O.A. 28/9/24 Time 9:30 A

IP No. 2024001251

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

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/9/24	10-30am	ER	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
28/9/24	CBC, CRP, PT, SGOT, SGPT, MIDAL (OP paid) (OPSB2024052130) OP Paid.

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

28/9/24	Chest xray (OP paid)	(OPCB20240530)	

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

(Ref :- Dr. Manivannan)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. MAHESHWARAN	28/9/24 10pm W	29/9/24 11am W	30/9/24 11am W				
	10pm W	4Pm W					
		9pm W					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyanthi	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot:- 3340/-	

Other Procedures : (specify) :-

30/9/24 at 9.40 am

verified by

Dr.

Admission Officer :

Sister In-charge