BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Arumugam D.O.A. 30/9/24 Time 8.40pm

IP No. IPB2024000343

Room No. 206 Rent Per Day 1400/

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/9/24	8.40PM	EMR	WARD (206)	

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
Asst. Surgeon	End Time
Asst. Surgeon	[illegible]
Asst. Surgeon	[illegible]
Anaesthetist	[illegible]
OT Nurse	Arthroscopy
Name of Surgery	Laparoscopy
	Sevoflurane Isoflurane
	Inj. Fentanyl
	Others

Date	LABORATORY
30/9/24	CBC, RFT, Urine Routine, MP, Sr. Electrolyte, HBA1c, CRP, Dengue NS1, IgG IgM, [illegible] MMH/MV/OCB 202401365
1/10/24	FBS, PPBS, HbA1c, Urine C/S.
2/10/24	Lipid Profile. Urea, Creatinine
4/10/24	FBS, PPBS. Urine R/E. Urea, Creatinine

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

1/10/24	ECCT.		

CBG

1/10/24	2		
2/10/24	1+1+2		
3/10/24	1+1+2		
4/10/24	1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

BILLING CARD

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Parthiban	30/9/24 ①	1/10/24 ①	2/10/24 ①	3/10/24 ①	4/10/24 ①		
Dr. Sivasanthi	1/10/24 ① (Echo)						
Dr. Ramasubramaniyam + Echo	1/10/24 ① (1000) Paid						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Dr. Kumaresan

D.O.A : 30/9/24

D.O.D : 4/10/24

S/N. Gal

Admission Officer :

Sister in-charge