BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Selvi. B D.O.A. 30/9/24 Time 12.00pm

IP No. IPKB20240012b1

Room No. 210 Rent Per Day 2000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/9/24	1.15 pm	Casualty	IInd Floor	Sr Celin Rani 22

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
30/9/24	CBC, ~~RBS~~, RFT, LFT, Electrolytes, ~~BNP~~, D-Dimer. (2024051700 OP Paid (OPKB20240579)

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

30/9/24	ECG Echo	(2024051179)	(OPKB20240 5179) OP Paid.
1/9/24	USG venous DOPPLER	Kalirayan Scan.	Hospital ambulance.

CBG

30/9/24	CBG (1)	(2024051179).	(OPKB20240 5179) (OP Paid)				

PHYSIOTHERAPY

Date			
31/10/24	12.00pm	walking pairing	(2) 01/10/24
	4.30pm	walking pairing	(2)

NEBULIZER

(MMC)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	30/9/24	01/10/24	2/10/24				
Dr. Vigneshwaran	30/9/24						

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	Total = 11747	
BILL CLEARED :	Due = 1782	
RETURNS CHECKED :		

Other Procedures : (specify) :-

Catheterization done by S/N celin 01/10/24.

02/10/2024.

Admission Officer : B. Nivy.

Sister In-charge