BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mr.PRAKASH
36/Male/MHM202407258
30/09/2024/IPM2024000895
Dr.VAISHNAVI GANESAN

Patient Name

IP No. _____

Room No. 309

D.O.A. 30/9/24 Time 3.00 pm

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/9/24	5.pm	ER	3rd Floor	M. Kanimozhi/Sig

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	Amylase, Lipase (7022)
	Cholesterol (7023)

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

CBG

30/9/24 1 (7021)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aravelh	30/9/24						
Dr. Vaishnavi	30/9/24	1/10/24					

PHARMACY

OT DRUGS REPLACED : Bill Amount = 2972

BILL CLEARED : Refund Amount = 362.5

RETURNS CHECKED :

AMBULANCE

Other Procedures : (specify) :-

OT instruments

Diet

Endoscopy

colonoscopy

Admission Officer:

Sister In-charge