BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mr.PRAKASH
36/Male/MHM202407258
02/10/2024/IPM2024000910
Dr.VAISHNAVI GANESAN

Patient Name _____

IP No. _____

Room No. 309

D.O.A. 02/10/24 Time 12.00 PM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/10/24	12.30PM	BR	3rd floor (309)	SM Pushpalatha

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
2/10/24	CBC, RFT, LFT (7081)
2/10/24	Amylase, Lipase (7089)
3/10/24	K^+ (7108). Urine R/E (7082)

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

2/10/24	ECG (7124		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
1) Dr Aravind	2/10	3/10					
Dr. Vaishnavi	2/10	3/10	4/10/24				

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

Other Procedures : (specify) :-

Diet

Scan.

Admission Officer :

Sister In-charge