B/O.HEMA
0/Male/MHV202404915
30/09/2024/IPV2024000917
Dr.(MAJOR) SATHISH KUMAR

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name

IP No. ____

01 OCT 2024

D.O.A. 30/09/24 Time 10.40 pm

Room No. NICU - I

Rent Per Day 3500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/9/24	10.45pm	Direct Admission	NICU	

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

Warmor

~~INFUSION~~ PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
30/9/24	10.45pm	01/10/24	8pm	30/9/24	10.45pm	01/10/24	8pm

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
30/9/24	11am	1/10/24	5am	30/9/24	11pm	01/10/24	9AM

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	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**

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

01/10/24	ECHO SCREENING [6364] [DR. KARTHIKEYAN]		

CBG

30/09/24	1+1+1+1		
1/10/24	1+1+1+1		
	+1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aandharaj	1/10/24 @8am						

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

Other Procedures : (specify) :-

Admission Officer :	For Sister In-charge