BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mrs.MALARVIZHI LOGESHWAR. 32/Female/MHM202407263 01/10/2024/IPM202400090 Dr.SUDHA

IP No. _____

Room No. __

D.O.A. 01/10/24 Time 4:30AM

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
1/10/24.	4:30am	ER	OT	Dhanalakshmi 3220.
1/10/24	7.10am	OT	USG abdomen room	Murugan 3178
1/10/24	8.30pm	USG Room.	3rd floor (307)	pushpalatha.

OPERATION THEATRE

Date	: 1/10/24	OT No.	: 1
Surgeon	: Dr. Sudha	Start Time	: 5.15am
Asst. Surgeon	: Dr. Santhoshi	End Time	: 6.15am
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: Used
Anaesthetist	: Dr. Mahesh	C-Arm	:
OT Nurse	: Maithili. V	Arthroscopy	:
Name of Surgery	: Emergency LSCS EST under Spinal Anaesthesia	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**

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sudha.	1/10/24	2/10/24	3/10/24	4/10/24			

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

Other Procedures : (specify) :- OT Clearence done
1/10/24.

CT G - 1

CBD - done. BY OT

2/10/24 CBD removed in ward

Admission Office :

Sister In-charge