BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mr.MUMMURTHY S
56/Male/MHM202407269
01/10/2024 IPM2024000903
Dr.BALAMURUGAN.S

IP No. ______

Room No. ______

D.O.A. 1/10/24 Time 12.15PM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
1/10/24	1:30pm	BR	IPI Floor (209)	P. Sul 3208
1/10/24	2.50pm	3rd floor	OT	S/N Ab...
1/10/24	5:30pm	OT	ICU	3171
1/10/24	6.30pm	ICU	3rd floor (209)	...

OPERATION THEATRE

Date : 1/10/24

Surgeon : DR Balamurugan

I Asst. Surgeon :

II Asst. Surgeon :

III Asst. Surgeon :

Anaesthetist : DR. Santhosh Kumar

OT Nurse : Vasantha

Name of Surgery :

Hernioplasty c̄ mesh repair

OT No. : 01

Start Time : 3:30 pm

End Time : 5. pm

Dis. Pack :

Diathermy : used

C-Arm :

Arthroscopy :

Laproscopy :

Sevoflurane / Isoflurane :

Inj. Fentanyl : 2ml used

Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
1/10/24	5:30pm	1/10/24	10pm

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

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Bala murugan	2/10/24						

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total Bill Amt. Rs. 15160.00	
BILL CLEARED	: paid	Nil
RETURNS CHECKED	: [signature] 2 Oct 24 11.18pm	

Other Procedures : (specify) :-

Ot clearence done
[signature] 31855

Admission Officer : [signature] 3024

Sister In charge : [signature]