# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Selvi

D.O.A. 02/10/24 Time 3.40pm

IP No. 2024000347

Room No. 210

Rent Per Day 1400/Day

## TRANSFER DETAILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 2.10.24 | 3.40pm | OP | Ward | Neela |
| | | | | |
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## OPERATION THEATRE

| | | | |
|---|---|---|---|
| Date | : | OT No. | : |
| Surgeon | : | Start Time | : |
| 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 |
|---|---|---|---|
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
|---|---|---|---|
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## VENTILATOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
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## 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. Urea. Creatinine, RBS, cholestrol. TSH. Vit D3, Calcium, Magnesium, Pottasium, Sodium. |
| | ↳ MMHIMVLDUIE2024013S4 |
| 03/10/24 | FBS, PPBS, Lipid profile |

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

| | | | |
|---|---|---|---|
| 2/10/24. | C- Spine . DI Spine - | MMH/MW/DUE2024D1384 | |

## CBG

| | | | |
|---|---|---|---|
| 2/10/24 | ~~(2)+(1)+(2)+1~~ | | |
| 3/10/24 | (2)+(2)+(2) | | |
| 4/10/24. | (2)+2+2 | | |
| 5/10/24 | 2+2+2 | | |

## CBG

| | | | |
|---|---|---|---|
| | | | |

## PHYSIOTHERAPY

| Date | |
|---|---|
| 3/10/24 | (1) visit |
| 4/10/24 | (1) visit |
| 5/10/24 | (1) visit |

## NEBULIZER

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|---|---|---|---|
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## NEBULIZER

| | | | |
|---|---|---|---|
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| Dr. Parthiban | 2.10.24 (1) | 3/10/24 (1) | 4/10/24 (1) | 5/10/24 (1) | | | |

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

Other Procedures : (specify) :-

DoA : 2/10/24

DoD : 5/10/24

S/N : Dis

Admission Officer :

Sister In-charge