BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby. Pixubay D.O.A. 2/10/24 Time 11.03 Am.

IP No. 2024000345

Room No. G-W Rent Per Day 750/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/10/24	9:30Am	OP	EMR	
2/10/24	12pm	EMR	Ward	

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 (OP Paid) Bill NO : MMH/MV/DUE2024 01385

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

2/10/24	CXR (OP paid) Bill No: MMH/MV/DUE2024013B3

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

2/10/24	(1) + (1)
3/10/24	3+

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. vinothini	2/10/24 ①	3/10/24 ①					

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

Other Procedures : (specify) :-

DOA : 2/10/24

DOD : 3/10/24

Admission Officer :

Sister In-charge