BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mast. Brunesh. A D.O.A 2/10/24 Time 10:10pm

IP No. 2024001274

Room No. RW Rent Per Day 4100/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/10/24	11:15pm	casualty	ICU	Sky.

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
2/10/24	11.15PM	4/10/24	9AM.

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, CRP, Sr. electrolytes, Sr. calcium, RFT, RBS (OP/CB2024052HG)

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

2/10/24	CT - brain (OPICB20240 5246).		
3/10/24	MRI Brain + contrast (Asan Scan own paid)	Hospital	Ambulance

CBG

2/10/24	CBG - (1) (OPICB20240 5246)						
3/10/24	6am @ (12573)						
4/10/24	6am @ (12599)						

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Maheshwaran	2/10/24	3/10/24 4PM	8/10/24 @ 9pm				
Dr. Muhammed Azahudeen	3/10/24	4/10/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 9476	V. Jeyadi
BILL CLEARED :	
RETURNS CHECKED : No due.	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge