# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Nagamani

D O A 03/10/24 Time 5:08pm

IP No. IPE2024000351

Room No. W-W

Rent Per Day 750 | Day

## TRANSFER DETAILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 08/10/24 | 9:10am | OP | EMR | |
| 08/10/24 | 6:30pm | EMR | GENERAL WARD | |
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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 | : |

## 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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| 4/10/24 | 8.40pm | 4/10/24 | 9.20pm |
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## SYRINGE PUMP

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

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## VENTILATOR

| Date | Start | Date | Disconnect |
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# OPERATION THEATRE

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| 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 | : |

## LABORATORY

| Date | |
|---|---|
| 03/10/24 | CBC, RBS, CRP, DENGUE-$NS_1$, IgG, IgM (RAPID), WIDEAL, MP, URINE C/E . BILL NO: MMH/MV/DGE202401395 |
| 4/10/24 | CBC, U. Acetone, |

| RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER | | | |
|---|---|---|---|
| 4/10/24 | ECG, Chest x-Ray AP | DRP | |
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| Date | PHYSIOTHERAPY |
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| NEBULIZER | | | | NEBULIZER | | | |
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| DR. KANNAMMAL | 03/10/24 | 4/10/24 | | | | | |
| | (1)+(1) | +(1) | | | | | |

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

Other Procedures : (specify) :-

IV line Inserted @ EMR

D.O.A: 3/10/24
D.O.D: 4/10/24

Admission Officer :

Sister In-charge