BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Ms.ASHWITHA .C
18/Female/MHM202407313
03/10/2024 IPM2024000917
Dr.BALAMURUGAN.S

D.O.A. 3/10/24 Time 10.45

IP No. _____

Room No. ___

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
3/10/24.	11.40pm	ER	OT	Suraka.
4/10/24.	1.25 AM	OT	1st Floor III	Dhurugan.

OPERATION THEATRE

Date : 3/10/24
Surgeon : DR. BALAMURUGAN
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist : DR. SENTHIL KUMAR.
OT Nurse : YAZHINI
Name of Surgery : EXCISION & DRAINAGE I/C/A.

OT No. : OT-I
Start Time : 12.45 PM
End Time : 1.15 AM.
Dis. Pack :
Diathermy :
C-Arm :
Arthroscopy :
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
~~4/10/24~~	Pus c/s (7126)
4/10/24	Pus culture specimen send to main hospital. (7126)

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. Balamurugan	3/10/24	4/10/24					

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

Other Procedures : (specify) :-

Admission Officer : 3/10/2024

Sister In-charge 11/10/24