BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mrs.SHANTHI COLEEN S I
46/Female/MHM202407332
04/10/2024/IPM2024000923
Dr.VIVEKRAAJAN K

IP No. _____

Room No. __

D.O.A. 4/10/24 Time 10:00

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
4/10/24	11.15pm	ER	1st Floor	Suraka.
5/10/24	6.30am	OT	1st Floor	murugan 3118
5/10/24	4.30Am	1st Floor	OT	Dhanalakshmi 322

OPERATION THEATRE

Date	: 05/10/2024	OT No.	: 1
Surgeon	: Dr. Vivek Rajan	Start Time	: 5.00am
I Asst. Surgeon	:	End Time	: 6.00am
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: used
Anaesthetist	: Dr. Vikram	C-Arm	:
OT Nurse	: Maithili. v / Bavani	Arthroscopy	:
Name of Surgery	: 1) Septoplasty & FESS under GA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 4ml used
		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

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vivekrajan	6/12/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 1050/-	NIL.
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :- OT Clearence done Adv 30,000/- 30/12

Admission Officer 30/12

Sister In-charge 31/12