BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr: Kandhasamy D.O.A. 5.10.24 Time 12pm

IP No. 2024122369

Room No. G-W-I Rent Per Day ₹750/Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5.10.24	12pm	OP	ward	Nisha

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
5.10.24	OP routine MMH/MR/DGR2024014164.
6/10/24	Fasting Lipid profile.

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

5/10/24	X-Ray C Spine AP, lateral	MMH/mv	DGR2024 01416

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Parthiban	5/10/24 (1)	6.10.24 (1)	7/10/24 (1)	8/10/24 (1)	9/10/24 (1)		

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

Other Procedures : (specify) :-

D.O.A : 5/10/24 12pm
D.O.D : 9/10/24
S/N. [illegible]

[illegible] OP-[illegible] NO.

Admission Officer :

Sister In-charge