



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MRS: Palarjammal

D.O.A. 7/10/24 Time 10:22 AM

IP No. IPB0024000359

Room No. 212

Rent Per Day 1400/day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/10/24	8 AM	OP	EMR	
7/10/24	11:30 AM	EMR	Ward	

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

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	Inj. Fentanyl :
	Others :

Date

LABORATORY

7/10/24 CBC / ESR, RBS, RFT, Sr. Electrolytes, HIV, HbsAg
MMH/MV/DHE202401429

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

7/10/24

CXR

MMH / MV / DGE 2024 01429)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]