BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name P. Padmavathi

IP No. 530

Room No. Female General ward

D.O.D 07/10/24

D.O.A 06/10/24 Time 3:25 Pm

Δ: General Weakness.

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
6/10/24	4PM	EMR	FLW	D Thilagi (Exam)

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
7/10/24	FBS, Fasting lipid profile, Fasting thyroid profile, PPBS

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

CBG

6/10/24		1+1
7/10/24	1	

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Vishnaprithviraj							

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : {220} Bill cleared M.madhu RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

Asha.
Sister In-charge