BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MRS. SOLVI. C D.O.A 7/10/24 Time 12:10 am

IP No. IP20 24001284

Room No. 205 Rent Per Day 2000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/10/24	12-10PM	Casualty	Dnal Ecu.	S/N Subaina

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	CBC, RBS, RFT, Lipid profile, Sr. Electrolytes LFT, Urine complete, Troponin (OP Paid OPKB20240532I)
7/10/24	Thyroid profile. (TP REQ20241271I)

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

7/10/24	ECG (OPKB 20240532)		
7/10/24	Echo (IPREQ 20241207111)		

CBG

7/10/24	CBG		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref' Dr. Radhesh kumar MBBS (Anesthesia)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Jamuna	07/10/24						
			Verified				
			AB				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jayanthi.	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot:- 1726/-	

Other Procedures : (specify) :-

R. Thakriya
7/10/24 4pm.

Admission Officer :

Sister In-charge