BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Bld Vasanthi D.O.A. 10/10/24 Time 5.30 am

IP No. IPD 2024000365

Room No. 206 Rent Per Day —

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
10/10/24	5.30 AM	OT	warmer [NICU]	
10/10/24	7:15 pm	warmer [NICU]	ward	
10/10/24	6:30 pm.	ward (Ur. 206)	ward (206)	

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
10/10/24	5.50 am	10/10/24	7.15 AM

INFUSION PUMP

Date	Start	Date	Disconnect
10/10/24	4 pm.	12/10/24	8.30 pm

OXYGEN

Date	Start	Date	Disconnect
10/10/24	5.38 AM	10/10/24	7:15 AM

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
11/10/24	RBC → X Not processed. (Not taken Blood)
12/10/24	S. Bilirubin. Blood Group & Rh. S. TSH.

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

CBG

10/10/24 ③ + ③ + ② + ③ + 1

11/10/24 1 + 1 + 2

12/10/24 1 + 1 + 1 + 1

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr vinodhini	10/10/24	11/10/24	12/10/24	13/10/24			
	1+1	1	①	①			

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

Other Procedures : (specify) :- 12/10/24 → OHE screening Done.
12/10/24 → Phototherapy single surface started @ 12 pm.
13/10/24 → phototherapy stop. @ 11 AM

D.O.A : 10/10/24.
D.O.D : 13.10.24

Admission Officer

Sister In-charge