BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____ D.O.A. 10/10/24 Time 12.22PM

B/O.DHINITHA
0/Male/MHM202407443
10/10/2024/IPM2024000952
Dr.DINESH / Dr.DINESH

IP No. _____

Room No. _____ Rent Per Day _____

TRANSFER DETAILS

Date	Time		To	Sister Signature
10/10/24	1.30 PM	OT	ward	D.Nagomi 12.38

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	12.30 pm	10/10/24	2.30 pm

~~INFUSION PUMP~~ Warmer

Date	Start	Date	Disconnect
10/10/24	12.30 pm	10/10/24	2.30 pm

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
10/10/24	DCT, Blood grouping & Typing (7372) 7373

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr: DINESH	10/9/24						
Dr: Rashitha	10/9/24	11/10/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = ₹24/-	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Resuscitation done by Dr. Roashidha @ 11am

Vaccination given 11/10/24

Died -

Dr: Dhinesh

Scan -

Admission Officer :

Sister In-charge