BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mrs.ARCHANA M
31/Female/MHM202407460
11/10/2024/IPM2024000960
Dr.HAVEENA /

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 11/10/24 Time 7:00

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/10/24	8AM	ER	OT	
11/10/24	10 AM	OT	3rd floor	Sruthi 3169
~~11/10/24~~	~~11:00 AM~~			

OPERATION THEATRE

Date : 11/10/24
Surgeon : DR. HAVEENA
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist : DR. SENTHIL KUMAR
OT Nurse : VASANTHA / MATHEW
Name of Surgery : EMERGENCY LSCS
↓ SA.
DOB: 11/10/24, BABY WEIGHT : 3.1kg
TIMING : 8.53 AM, GIRL BABY.

OT No. : OT-I
Start Time : 8.30 AM
End Time : 9.30 AM
Dis. Pack :
Diathermy : USED
C-Arm :
Arthroscopy :
Laproscopy :
Sevoflurane / Isoflurane :
Inj. Fentanyl :
Others : INJ. KETAMINE 2ML IV

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconne

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconne

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconn

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	VBG (7434)
12/10/24	CBC (7442)
13/10/24	Thyroid profile free (7469)

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Haveena	4/10/24	12/10/24	13/10/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 1576/-	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :- OT clearance done

CBD done. at OT. 11/10/24 at 10.0m

Admission Officer :

Sister In-charge