BILLING CARD

MH/ PRINT / 0007 / BILL / FC

Patient Name B/O.KALPANA
O/Female/MHM202407477
12/10/2024/IPM2024000965
Dr.KRITHIKA

IP No. _____

Room No. ___

D.O.A. 12/10/24 Time 7:27

Rent Per Day CRADLE

TRANSFER DETAILS

Date	Time	From	To	Sister Signature

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
12/10/24	7.27 am	12/10/24	8.30 am

WARMER

~~INFUSION PUMP~~

Date	Start	Date	Disconn
12/10/24	7.27 am	12/10/24	8.30 am

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconn

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
12/10/24	Blood grouping & typing (74,54)
14/10/24	Bilirubin Total (7508) Bilirubin (Direct), Bilirubin (Indirect)

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. Krithika	13/10/24	14/10/24					

PHARMACY

OT DRUGS REPLACED : Bill amount - Rs. 61/-

BILL CLEARED :

RETURNS CHECKED : 3243

AMBULANCE

NIL

Other Procedures : (specify) :-

Resuscitation done by Dr. Krithika.

Newborn Screening done - 14/10/24

OAE done - 14/10/24.

Vaccination given by Dr Krithika on 14/10/24 at 11.30 am

OP Paid.

Admission Officer : 3012.

Sister In-charge 3203