INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Harilakshmi. K.S D.O.A 13/10/24 Time 2:30pm

IP No. 20240013/16

Room No. 204 Rent Per Day 2000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/10/24	at 3PM	Casualty	II nd Floor	S/N Subarna

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
12/10/24	CBC, RFT, LFT, Sr. Electrolytes (q8y)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Dr. Karthedral (Ann Ear)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
1. Karthedral Casualty Visit	13/10/21						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Total = 1996	
RETURNS CHECKED : Due : 1996	

Other Procedures : (specify) :-

verified by
T. Kanta
22-06

Admission Officer :

Sister In-charge