BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Baby.

IP No. 2024000371

D.O.A. 13/10/24 Time 8 pm.

Room No. 21A

Rent Per Day 1400 / Day.

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/10/24	8 pm	EMR	Ward.	
14/10/24	10:15AM	Ward	OT	Bhuvana
14/10/24	12:30PM	OT	Ward	Kaviya. R

OPERATION THEATRE

Date	: 14/10/24	OT No.	: 2ND
Surgeon	: DR. MOHANKUMAR	Start Time	: 10:45AM
I Asst. Surgeon	:	End Time	: 12:30PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: YES
Anaesthetist	: DR. RAGUPATHIRAJA	C-Arm	: YES
OT Nurse	: MS. KAVIYA. R	Arthroscopy	:
Name of Surgery	: ORIF & LOCKING SCREW AND PLATE	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	TURNIQUET : YES

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
13/10/24	CBC, RBS, Urea, Creatine, Sr. electrolytes, HIV, HBsAg, HCV Blood Grouping typing.

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

13/10/24	X-ray chest AP view		
13/10/24	ECG.		
16/10/24	ⓐ-wrist AP-LAT.		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

Dressing ~~NEBULIZER~~

16/10/24	ⓐ.		

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. mohankumar	13/10/24	14/10/24	15/10/24	16/10/24			
	①	①	①	①			

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

Other Procedures : (specify) :-

→ IV line start by Srithas. P.

D.O.A : 13/10/24
D.O.D : 16/10/24.
D. [signature]

[signature] RO.

Admission Officer : [signature]

Sister In-charge