BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mr.AMINUL HOQUE
38/Male/MHM202407538
15/10/2024/IPM2024000978
Dr.VAISHNAVI GANESAN
Dr.VAISHNAVI GANESAN

Patient Name _____

IP No. _____

Room No. ICU

D.O.A. 15/10/24 Time 5.30 PM

Rent Per Day 7500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
15/10/24	7PM	BR.	ICU	T.M 3227
16/10/24	4PM	ICU	USG Room	Sister Malaimai

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
15/10/24	7.15Pm.	16/10/24	4PM.

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
15/10/24	CBC, RFT, LFT, S. Electrolyte, {1567}
	Dengue IgM, IgG ELISA
16/10/24	Urine Routine (7583)
	Platelet, TC, PCV (7598)
17/10/24.	TC, Platelet, SGOT, SGPT (7625)

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

15/10/24	ECG (7568)
	CxR (7568)
16/10/24	usg abdomen Bedside (Dr. Joseph) (7601)

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr vaishnavi	16/10/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 3041/-	—
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

OT Instruments

Diet

EEG / NCS

Endoscopy

Colonoscopy.

Admission Officer

Sister In-charge