



BILLING CARD

Patient Name _____

Mr. RAMANANDHAN S

71/Male/MHM67378

23/03/2024/1PM2024000236

Dr. VAISHNAVI GANESAN

D.O.A. _____

Time _____

IP No. _____

Room No. 303

Rent Per Day _____

Date	Time	From	To	Sister Signature
23/3/24	2-10 PM	ER	3 rd Floor (303)	M. 20/3/2024

OPERATION THEA TRE

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
23/3/24	2 PM	23/3/24	6 PM

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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
23/3/24	LBC, APTT (2086) RFT, Urine complete (2083) PT, INR (2084) ABU (2087)
25/3/24	RFT, Urine Routine (2110)
26/3/24	CBC, Urine, creatinine (2133)
27/3/24	ECG (2159)

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

23/3/24 Ecg (2088) ✓

26/3/24 Ncs (2048) ✓
✓ Both limb

CBG

12 CBG

28/3/24 2+ (2089) / 2 (2092)

24/3/24 1+ (2092) 2+ (2107)

28/3/24 1 (2107) + 2 (2117)

26/3/24 1 (2102) + 1 (2143) + 1 (2153)

28/3/24 1 (2154) 2+ (2160)

16

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

