Mr.VENKATARAMAN
81/Male/MHM69634
04/01/2024/IPM2024000010
Dr.SIVAKUMAR D.K.

BILLING CARD

Patient N

D.O.A. 04/01/24 Time 19:40

IP No.

Room No. 308

Rent Per Day 4,000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
04/1/24	9.20PM	ER	3rd floor 308	RN Bhavapriya

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

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
04/1/24	CBC, ESR, RFT, (0056) Dengue NS1 IgM (0057) (elisa urine complete (0058) Blood grouping & typing (0056)
5/1/24	TSH (0065)
6/1/24	CBC (0076)

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

4/1/24	ECG (0059)		
4/1/24	CXR PA (0059)		

CBG

4/1/24	1 (0059)		
05/1/24	2 (0062)	2f (0076)	

CBG

Date	PHYSIOTHERAPY
6/1/23	3 PM ( )

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sivaramao	4/1/24	5/1/24	6/1/24				
Dr. Kaushik (Neuro physician)	5/1/24		24hr				

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

Other Procedures : (specify) :-

05/1/24 1 unit PRBC Received from medway blood bank

Admission Officer :

Sister In-charge