BILLING CARD

Mr.PREM SAGAR R
50/Male/MHM69815
27/04/2024/IPM2024000326
Dr.VAISHNAVI GANESAN

Patient Name _____ D.O.A. 27/4/24 Time 7.00pm

IP No. _____

Rent Per Day 4000/-

Room No. _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
27/4/24	8.30pm	ER	3rd floor (304)	Sd/- [illegible] 3196

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				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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II Asst. Surgeon	:	Dis. Pack	:
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Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
27/4/24	CBC / RFT (2925) PT/INR / LFT (2927)
29/4/24	Urine R/E (2964)

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

27/4/24	CT abdomen & pelvix.	(2932)	✓
27/4/24	Ecg (2926) ✓		

CBG

27/4/24	(1)	( )	

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi	28/4/24	29/4/24	30/4/24				
DR. Babuvinesh	29/4/24						

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

Other Procedures : (specify) :-

[illegible] 3204 Admission Officer :	[illegible] 2/5 Sister In-charge