07 FEB 2024

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Mr.BASKARAN
65/Male/MHV202300110
05/02/2024/IPV2024000074
Dr.THAMIZHKUMARAN

Patient Name _____ D.O.A. 05/02/24 Time 5:40pm.

IP No. _____

Room No. Twin Sharing non AC 319B Rent Per Day 1200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
05/02/24	5:50pm	WARD (DIRECT)	WARD	M. [illegible]/0116

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
05/01/24	CBC, Urine PCR [0718] Urine spot Protein, Urine spot creatinine.
6/1/24	Urine LS (0732), PG, Blood culture & sensitivity, urea, creatinine [0735]

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

CBG			
5/2/24	1+1		
6/2/24	1+1+1		

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Thamizhkumaran (MD)	5/2/24 9:30pm 12pm	6/2/24 at 8Am	6/2/24 @6pm				
Dr. Thiruvikraman narayan (Genl)	6/2/24						

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

Other Procedures : (specify) :-

Admission Officer :

S. Saraswathi
Sister In-charge