BILLING CARD

Mrs.VIJAYALAKSHMI
52/Female/MHV202300601
06/12/2023/IPV00088
Dr.K.GAYATHRI MD

Patient Name D.O.A. 06/12/23 Time 10.45 Am

IP No.

Room No. Twin sharing Non AC 319-B Rent Per Day 1200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/12/23	11.30pm	319(B)	319(A)	Vraye 0021

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				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

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
6/12/23	CBC, ESR (0580) urea, creatinine, electrolytes LFT, RBS, CRP (0579)
7/12/23	Free T3, T4, TSH, (Dengue IgM) ⇒ 0593

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
6/12/23	1+1+1+1						
	1+1						
7/12/23	1+1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

Other Procedures : (specify) :-

Admission Officer : [illegible] 04/6/23	[illegible] Sister In-charge 01