18 DEC 2023

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Mr.P.YESURAJA
57/Male/MHV202300692
15/12/2023/IPV00105
Dr.KARTHIKEYAN

Patient Name _____ D.O.A. 15/12/2023 Time 06:15 Pm.

IP No. _____

Room No. Triple sharing Non AC 301 A Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/12/23	6:30 PM	Ward (Direct)	Ward	S/N.R. Somgeetha

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
16/12/23	FBS, PPBS (0400)
18/12/23	FBS, PPBS (0747)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
16/12/23	ECG.		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. B. Karthikeyan (Card)	15/12/23 (Night)	17/12/23	1000/-				
Dr. Gayathri MD	16/12/23	17/12/23 8 PM	1000/-				

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

Other Procedures : (specify) :-

Admission Officer : K. Kal
15/12/23

Sister In-charge