RA:- 10:00 21/12/23 MH/ PRINT / 0007 / BILL / FO

Ms.P. SANJANA
20/Female/MHM202302911
18/12/2023/IPM2023001043
Dr.SIVAKUMAR D.K.

BILLING CARD

Patient N

IP No. __

D.O.A. 18/12/23 Time 10:00 pm

Room No. 309

Rent Per Day 1,500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/12/23	11.50PM	ER	II floor	S/N Thilaga.

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
19/12/23	CBC, ESR. CRP (4412) F/u Renal (4418)

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

19/12/23	CXR (AP)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Siva Kumar	18/12/23	19/12/23	19/12/23	20/12/23			
		3200					

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

Other Procedures : (specify) :-

S/N
Gomathi
3140
21/12/23 @ 10P

Admission Officer : 3145

Sister In-charge