mmc

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Jammu MD	1.4.24						

PHARMACY	
OT DRUGS REPLACED	Thy·ne
BILL CLEARED	TOTAL - 3568/-
RETURNS CHECKED	No due /-

AMBULANCE

Other Procedures : (specify) :-

01/04/24 - Hemo dialysis done at IIIrd Floor (Dialysis Unit). (CMC Scheme Patient).

Verified by
J. Nithya 22215
1.4.24 at 8 pm

Admission Officer :

Sister In-charge

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mr. G. Selvaraj D.O.A. 31/3/24 Time 21:50pm

IP No. 2024000497

Room No. 212 Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
31/3/24	9.40pm	casualty	2nd floor	S roak

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

APR-3

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
31/3/24	Widal, K^+, Na^+ OP Paid. (CBC) (BRKV20240056) (BRKV20240059)
1/4/24	Urine complete (HS).

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

CBG				CBG		
31/3/24	(BOT + ER) ①	OP Paid	(BRKV20240059)			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			