Patient

Mr.SUNDER RAJAN
50/Male/MHM202403189
17/01/2024/IPM2024000036
Dr.SIVAKUMAR D.K.

BILLING CARD

IP No.

D.O.A. 17/1/24 Time 18:00

Room No. 303

Rent Per Day 2,500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/1/24	8:00Pm	ER	3rd floor	AGR 3179.

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
17/1/24	CBC / RFT / Urine Complete (0976)
18/1/24	CBC (0941)
19/1/24	CBC / CRP / Dengue profile (0324) (0323) CElisa / IgM / IgM / NS1)
20/1/24	CBC (Hi-tech) (0345)

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

17/1/24	BCU (0290)		

CBG

17/1/24	CBG (0289)		
18/1/24	CBG (0289) 2+ ( )		
19/1/24	1 (0391)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Siva Kumar	17/1/24	18/1/24	19/1/24	20/1/24			
			3200				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 18313.00 BILL CLEARED : RETURNS CHECKED : 21.1.24 2.31pm	

Other Procedures : (specify) :-

G. Sandhya 3/

Admission Officer : Soni 3/1/25

Sister In-charge