BILLING CARD

Patient Name Mr. R. Suriyaprakash D.O.A 30/3/24 Time 21:30 Pm.

IP No. 2023000491

Room No. 209 Rent Per Day 2000 /-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/3/24	10.40 PM	casualty	2nd floor	Sarala
31/3/24		2nd floor	OT	Dep.
31/3	12.00 pm	OT	II floor	C.Q

OPERATION THEA TRE

Date	: 31/3/24	OT No.	: II
Surgeon	: Dr. Vijaya Kesavaranjani	Start Time	: 11.00 Am
I Asst. Surgeon	: —	End Time	: 12.00 Pm 1 hr
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: Dr. Jamuna	C-Arm	: —
OT Nurse	: SN Ramya	Arthroscopy	: —
Name of Surgery	: VBTA	Laproscopy	: Used for 45 mins
~~Fees~~		Sevoflurane / ~~Isoflurane~~	: 1 hour
		Inj. Fentanyl	: Dep
Kavitharanayagi out of duty.		Others	: O2 1 hour

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
31.3.24	~~FBS Az i Seru LFT ( )~~
31.3.24	~~Serology~~ BT, CT ( ), ~~Biopsy~~ (4373)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vijayakalaranjani	31.3.24 7pm.	1.4.24	2/4/24				
				Verified			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jyothi BILL CLEARED : Due: 12403- RETURNS CHECKED : Tot: 12403-	

Other Procedures : (specify) :-

verified by
J-Nithya
2/4/24 at 13

Admission Officer : B.P

Sister In-charge