Mr.AKIM
25/Male/MHV202401034
01/03/2024/IPV2024000151
Dr.K.GAYATHRI MD

BILLING CARD

10 4 MAR 2024

Patient Name

D.O.A. 1/3/24 Time 11.50 Am

IP No.

Room No. 316

Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/3/24	12PM	OP	WARD	S.S

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
1/3/24	CBC, UREA, CREATININE, ELECTROLYTES, CFT (1334)
	Urine Routine Analysis (1336)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SILAMBARASAN	1/3/24 2.30pm	2/3/24 7pm					
DR. GAYATHRI (MD)	2/3/24 11.35AM	3/3/24	4/3/24 11.30PM				

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

Other Procedures : (specify) :-

1/3/24

Admission Officer :

Sister In-charge