(Ref: DR. MANI YANAN)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Deepak	15/1/24 8pm	16/1/24 10AM 9PM.	→ (3)				
Dr. Maheshwaran			17/1/24 11AM. 6pm.	18/1/24 11AM	19/1/24 8AM 5.30pm	20/1/24 @2.30pm	(6)
Dr. Niyamathulla	19/1/24	→ (1)					

Verified

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Due: 413/-	
RETURNS CHECKED : Tot: 6731/—	

Other Procedures : (specify) :-

Admission Officer : | Sister In-charge V. [signature] 2/8

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Masta. NITHISH.K D.O.A. 15/1/24 Time 19:00pm

IP No. 2024000008

Room No. OT/W/M.

Rent Per Day 2000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
15/1/24	7pm	Casualty	IIND FLOOR	[signature]

OPERATION THEATRE

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

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
15/1/24	RFT, S. Electrolytes (OP Para) (PRKU20240000206)
19/1/24	CBC, CRP, Electrolytes, RFT. (20240075I).

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

CBG				CBG			
18.1.24							
CBG - (6694)							

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			