1:40pm 21/1/24

BILLING CARD

Mrs.MYTHILI E
75/Female/MHM202403315
18/01/2024/IPM2024000040
Dr.SUPRAJA K

Patient Name
IP No. _____
Room No. 30

D.O.A. 18/1/24 Time 2.30pm

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/1/24	4.30pm	ER	3rd floor.	Sr Mohana.
20/1/24	9.45pm	309	303	SIN Asha 13454

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
18/1/24	8pm	20/1/24	9.00AM

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
18/1/24.	Creat / Urea / Na+ / K+ / RBS / PLT / [illegible] / PT INR
18/1/24	HT PROBNP (0319) (0314)
20/1/24	CBC, Urea, Creat, Na+ K+ (0339)
20/1/24.	Sr. Vit B12 / Sr. Iron / Sr. T.I.B.C / Sr. Ferritin (0347)
20/1/24.	Stool occult Blood (0348)

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

18/1/24	Echo Screening (0315)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER 13

18/1/24	1+1		
19/1/24	1+3		
20/1/24	2+~~1~~+2		
21/1/24	2+		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kumaravel	18/1/20						
(ardi)							
Echo Screening'							
Dr. Supraja K	18/1/24	19/1/2024	21/1/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 5990.00 BILL CLEARED : RETURNS CHECKED : 21/1/24 2.30 PM	

Other Procedures : (specify) :-

G. Sandhiya
318

Sister In-charge

Admission Officer : K. R[illegible]
3185