

**BILLING CARD**Patient Name Mr. PalanivelD.O.A. 18/11/24 Time 15:30pmIP No. 2024000088Room No. G1W1MRent Per Day 1000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
18/1/24	3-40pm	Casualty	G. Ward	<i>[Signature]</i>
19/1/24	4.45pm	G.W		
4/1/24	7.45pm	OT	G1W	<i>[Signature]</i>

OPERATION THEA TRE

Date	: 19/1/24	OT No.	: 1
Surgeon	: Dr. Niyamattuallah	Start Time	: 5.40pm
I Asst. Surgeon	: Dr. Anandh	End Time	: 7.30pm
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: 10 mins
Anaesthetist	: Dr. Palaniyappan	C-Arm	: —
OT Nurse	: Mr. Kavitha	Arthroscopy	: —
Name of Surgery	: LSA Hernioplasty	Laprosopy	: —
		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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

19/1/24

XRAY chest (00734)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]