

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
J. James.	21/2/24	22/2/24	23/2/24	24/2/24	25/2/24		
Dr. Brand.	21/2/24	22/2/24	23/2/24	24/2/24	25/2/24		

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	V. Jeyaraj	
BILL CLEARED :	No due -	
RETURNS CHECKED :	Total: 18779/-	

Other Procedures : (specify) :-

ures - (specify) :-
Catheterization done by Canale
Dressing done - ①
Billing and visit
0724-224947
104947

21.2.24 Dressing done ①

2. ~~Intelligence~~ ~~that~~ ~~is~~ ~~not~~ ~~open~~ score (reading confidence) g. 8yrs.

22/2/24 DR. Anand m-s dressing done. (u)

25/12/24 g. anal ms writing one (2)

8/12/24 Dr. Grandmas dressing done (3)

~~Acting Officer~~

Sister In-charge

BILLING CARD

Patient Name MR. SINGHARAVEL, ST

D.O.A. 20/12/24 Time 11.40pm

IP No. 2024/000296

Room No. 207

Rent Per Day 2000

TRANSFER DETAILS

[illegible]

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 :	Laprosocopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

[illegible]

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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
Date	LABORATORY
20/6/24	CBC, RBS, RFT, CRP, ESR, Electrolytes, Urine complete (Urine culture sent) (202406099)
21/6/24	RBS, Electrolytes, C (2460) (R)
24/6/24	CBC, RFT, Sodium (2575)
24/6/24	electrolytes

[illegible]