BILLING CARD

Patient Name Child-DHANUSRI-B D.O.A 21/11/24 Time 02.15PM

IP No. 20240000115

Room No. 2/4/1 Rent Per Day 1500

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/11/24	2.45pm	ER	IInd Floor	Subana

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	:

LABORATORY

Date	
21/1/24	CBC, CRP, RFT, Electrolytes, Urine Complete (20240032)
21/1/24	BS, Dengue Igm Eliza, Scrub TgPG Igm, Eliza, Widal (2024 A ( )
22/1/24	platelet (0936).
22/1/24	Urine complete (20240053
23/1/24	CBC, Lipid Profile (0970)
23/1/24	Blood Grouping, Typing (20240000

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

22/1/24.	USG abdomen	prasanth Scan	hospital ambulance
21/1/24	Chest X Ray		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

Ref. Dr. MANIVANAN.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Mahesh Kumar	21/1/24	22/1/24	23/1/24				
	@ 3.00pm	1pm	8.30 am				
	9 pm	7.00 pm	7.30 pm.				

ACCOU... VERIFIE...

PHARMACY

OT DRUGS REPLACED : OF I.M

BILL CLEARED : TOTAL – 1735/–

RETURNS CHECKED : No due. /–

AMBULANCE

Other Procedures : (specify) :-

22/1/24 1 unit Platelet transfusion done. 2nd floor

Admission Officer

Sister In-charge