PR1007

BILLING CARD

CASH

Patient Name : Mrs.ANEES THERASA.A
29/Female/MHC202403271
23/03/2024/IPC2024000906

IP No. : Dr.VALLIAMMAL K

Room No. :

D.O.A. 23/3/24 Time 9.50 AM

Rent Per Day 1,850/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERATION THEA TRE

Date	: 23/3/24	OT No.	: II
Surgeon	: Dr. Valliammal	Start Time	: 4.00 PM
I Asst. Surgeon	: Dr. Sasikala	End Time	: 4.30 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	:	Diathermy	: -
Anaesthetist	: Dr. Ravi kumar	C-Arm	: -
OT Nurse	: S/N yoga	Arthroscopy	: -
Name of Surgery	: D & C	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 1 amp
		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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY		AMBULANCE
OT DRUGS REPLACED :		
BILL CLEARED :	Nil	Nil
RETURNS CHECKED :		

Other Procedures : (specify) :-

Nil

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
23/3/24	HB, BT, CT, RBS, B/U - 202404320

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			