BILLING CARD

Patient Name MR. Jeevanantham.IC D.O.A. 22/1/24 Time 11.40am

IP No. 20240001/20

Room No. 9CW/17 Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/1/24	11.30am	ER	GI ward	S.D2220.
22/01/24	2.00pm	General ward	OT	SIN Rama
22/1/24	5.00pm	OT	GI ward	G Bhadra

OPERATION THEA TRE

Date	: 22/1/24	OT No.	: IV
Surgeon	: Dr. muthukumar.	Start Time	: 3.00 pm
I Asst. Surgeon	: —	End Time	: 5.00 pm 2 hrs
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: S/N Srinivasan	Diathermy	: Used for 30mits
Anaesthetist	: Dr. Jamuna	C-Arm	: —
OT Nurse	: S/N Kavitha	Arthroscopy	: —
Name of Surgery	: V/BACK	Laproscopy	: —
Dr. Chandra plating.		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	:

Date	LABORATORY
22/1/24	Serology op paid 20240035

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

22/1/24	ECG ✓ & op paid		
	Chest xray / 2024000335		
23/1/24	clavical x-ray (2024000208)		

CBG

23/1/24	CBG	2024000958					

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

DR. MUTHUKUMAR Coconcelly

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

ACCOUNTS VERIFIED

PHARMACY	AMBULANCE
OT DRUGS REPLACED : OT. Nil	
BILL CLEARED : TOTAL - 4871/-	
RETURNS CHECKED : No due	

Other Procedures : (specify) :-

25.01.2024
visit at
9.50pm

Admission Officer :

Sister In-charge