

D.O.A : 22/11/24 at : 6.02pm
D.O.D : 27/11/24 at : 3.00pm

4 floor

BILLING CARD

Patient Name _____

IP No. _____

Room No. _____

Mr. THIRUNAVUKARASU
61/Male/MHC202403438
22/01/2024/IPC2024000199
Dr. SANKARLINGAM



Cash

D.O.A. 22/11/24 Time 06:02pm

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	<u>24/11/24</u>	OT No. :	<u>(2)</u>
Surgeon :	<u>DR. SANKAR LINGAM</u>	Start Time :	<u>3 - 30pm</u>
I Asst. Surgeon :	<u> </u>	End Time :	<u>4.00pm</u>
II Asst. Surgeon :	<u> </u>	Dis. Pack :	<u> </u>
III Asst. Surgeon :	<u> </u>	Diathermy :	<u> </u>
Anaesthetist :	<u>DR. Ravi Kumar</u>	C-Arm :	<u> </u>
OT Nurse :	<u>YOGA</u>	Arthroscopy :	<u> </u>
Name of Surgery :	<u>(R) FOOT TOE AMPUTATION</u>	Laproscopy :	<u> </u>
		Sevoflurane / Isoflurane :	<u> </u>
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	<u> </u>
		Others :	<u> </u>

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

PHARMACY	AMBULANCE
OT DRUGS REPLACED : <i>GIVEN</i>	
BILL CLEARED : <i>nil</i>	<i>nil</i>
RETURNS CHECKED : <i>nil</i>	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCEDURES :

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 :

[illegible]

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

[illegible][illegible]

PHYSIOTHERAPY

[illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
				23/1/24	pressing (12)		
				25/1/24	pressing (12)		
				26/1/24	pressing (12)		
				27/1/24	pressing (12)		