

 Mr. YUVARAJ 28/ Male / MHV202401173 07/04/2024 / IPV2024000260 Dr. S. ARTHI GRACE		BILLING CARD 08 APR 2024		D.O.A. <u>07/04/24</u> Time <u>12.45Am</u>			
		Patient Name _____ IP No. _____ Room No. <u>508A</u> <u>Shree Narayana</u> <u>301A</u>		Rent Per Day <u>1000/-</u>			
TRANSFER DET AILS							
Date	Time	From	To	Sister Signature			
7/4/24	12:45Am	ER	ward 319	8/1/24			
8/4/24	12:30 pm	ward	OT	8/1/24			
8/4/24	2:30 pm	OT	WARD	8/1/24			
OPERATION THEA TRE							
Date : <u>8/4/24</u>			OT No. : <u> </u>				
Surgeon : <u>Dr. Kathiravan</u>			Start Time : <u>1:30 PM</u>				
I Asst. Surgeon : <u>NIL</u>			End Time : <u>2:30 PM</u>				
II Asst. Surgeon : <u>NIL</u>			Dis. Pack : <u>NIL</u>				
III Asst. Surgeon : <u>NIL</u>			Diathermy : <u>NIL</u>				
Anaesthetist : <u>Dr. Suresh</u>			C-Arm : <u>NIL</u>				
OT Nurse : <u>Gunakumar Jeyva</u>			Arthroscopy : <u>NIL</u>				
Name of Surgery : <u>(R) ORIF Shoulder</u>			Laproscopy : <u>NIL</u>				
<u>(R) clavicle block</u>			Sevoflurane / Isoflurane : <u>NIL</u>				
			Inj. Fentanyl : <u>1 amp used</u>				
			Others : <u> </u>				
MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/4/24	1:30pm	2:30pm	8/4/24				
OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	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 :

[illegible]

4/24 (R) Shoulder X-Ray (post op) (2039)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]