# BILLING CARD

Patient Name Mark. R. Sakthi D.O.A. 24/1/24 Time 1.5:20pm

IP No. 2024000126

Room No. G/w-m Rent Per Day 1000/-

## TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
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| 24/1/24 | 3.00pm | ER | G/ward | [illegible] |
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## 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 |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

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## ALPHA BED / SCD PUMP

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## VENTILATOR

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# OPERATION THEA TRE

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|---|---|---|---|
| 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 |
|---|---|
| 24.1.24 | CBC, CRP, RFT, Electrolytes - Tp raised (@2400784) (@2400103?) |

| RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER | | | |
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(Ref :- Dr. manivannan)

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| Dr maheshwaran | 24/11 | 25/11 | 26/11 | | | | |
| | 7Pm | 9am | 9.20am | | | | |
| | | 10pm | | | | | |
| DR. maheshwaran | ~~25/11/24~~ | | | | | | |
| | ~~9.00am~~ | | | | | | |

ACCOUNTS VERIFIED

| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : Total : 2300 /-<br>BILL CLEARED :<br>RETURNS CHECKED : No due. | |

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge