

**BILLING CARD**
 Patient Name Mrs. R. Shanthi D.O.A. 25/1/24 Time 14:20 pm

 IP No. 200400120

 Room No. 207

 Rent Per Day 1600/-
TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/1/24	1:50pm	ER	II nd Floor	PD220

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	Others :
Date	LABORATORY
25/11/24	CBC, RFT, CRP, Electrolyte, Dengue profile, WIDAL, urine complete. (Sp raised) (1063)
27/1/24	RFT FBG (1135)
27/1/24	Motion accul blood, ova cyst (1170)

26/01/24

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

25/11/24 ECG - 1 }
 Echo - 1 } Ip raised (1063)

26/11/24

CBG

25/11/24 CBG - ① Ip raised

25/11/24
 7pm

(1089)

26/11/24

CBG - ② (10-15)

2pm } (416)
 7pm }

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

AMBULANCE

Foley's catheter done 25/1/24

PICK Kidovased to
mediway pick up in our
Ambulance

verified by
B. Harini
12pm 27/1/24

Sister In-charge