(RP:- Dr. Manivannan)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kunagagini	30/1/24 6pm	31/1/24 10am					
		6pm					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 1895 /-	
BILL CLEARED :	
RETURNS CHECKED : No due.	

Other Procedures : (specify) :-

31/1/2024 at 6pm
verified by
KRP

Admission Officer :

Sister In-charge

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Baby. S. maslah mithran D.O.A 30/1/24 Time 12:30pm

IP No. 2024000167

Room No. 6/w-m Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/1/24	11:30 am	casualty	General ward	S/N Vilin Rani (22:30)

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

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
30/1/24	CBC, RFT, CRP, Electrolytes (20240044 59). OT

PAC

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

CBG

30/1/24 CBG (20240044 59).

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER