1:40 PM 9/2/24

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Mrs.KALAISELVI R
55/Female/MHM202403557
06/02/2024/IPM2024000089
Dr.SARALA

IP No. _____

Room No. ___

D.O.A. 6/2/24 Time 9:00 PM

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6.2.24	9.30 Pm	ER	3rd Floor 308	S/N. Sandhiya
7/2/24	9.30 Am	3rd Floor	OT	M. Geetha
7/2/24	11.00 Am	OT	IIIrd Floor	SN/HT 3169

OPERATION THEA TRE

Date	: 7/2/24	OT No.	: OT-1
Surgeon	: DR. SARALA	Start Time	: 10.45 Am
I Asst. Surgeon	: DR. ~~TAMILSELVI~~ SIVA	End Time	: 10.45 Am.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. PAUL PRAVEEN	C-Arm	:
OT Nurse	: MAITHILI	Arthroscopy	:
Name of Surgery	: TLH ↓ GA	Laproscopy	: USED. COMPANY INSTRUMEN USED [DR. SIVA SIR]
		Sevoflurane / Isoflurane	:
Specimen send through Dr. Sarala Mam		Inj. Fentanyl	: 1 Ampule Used
		Others	: CO_2 cylinder Used.

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
7/2/24	9.50 Am	7/2/24	11:30 Am

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sarala	7/2/24	8/2/24 (2)	8/2/24 (2)	9/2/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Paid Amount - 15171.00	
BILL CLEARED : Refund Amount - 1474.00	
RETURNS CHECKED : 2.03pm. 9/2/24	

Other Procedures : (specify) :- OT Cleaned done 30/2

=> catherization in OT (7/2/24) at 10:40Am.

=> CBD removed 8/2/24 at: 5pm

Admission Officer : 30/2

Sister In-charge