Ref: Dr. Vergetesh Sampath

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Maheshwaran	7/12/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : TOTAL - 2300/-	
RETURNS CHECKED : DUE - 2300/-	

Other Procedures : (specify) :-

Admission Officer : B

7/12/24
Sister In-charge

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mast. R. Rathish D.O.A. 6/12/24 Time 23:30 PM

IP No. 2022000206

Room No. G/10-M Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/12/24	11.30 pm	casualty	G/10	

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

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
6/2/24	CRP, Platelet (2400622). GP paid.

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

CBG			CBG		
7/2/24	CBG-20240207[illegible]05	(1)			

Date	PHYSIOTHERAPY

NEBULIZER			NEBULIZER		