

**BILLING CARD**Patient Name Mrs. SubahaniD.O.A. 13/2/24 Time 21:30IP No. 2024000251Room No. 207Rent Per Day 2000/-**TRANSFER DET AILS**

| Date    | Time | From  | To | Sister Signature |
|---------|------|-------|----|------------------|
| 13/2/24 | 11pm | 2nd F | OT | S. Rye           |
|         |      |       |    |                  |
|         |      |       |    |                  |
|         |      |       |    |                  |

**OPERATION THEA TRE**

|                   |                        |                          |                       |
|-------------------|------------------------|--------------------------|-----------------------|
| Date              | : 13/2/24              | OT No.                   | : II <sup>nd</sup> OT |
| Surgeon           | : Dr. Anandh DGO       | Start Time               | : 10.00 PM            |
| I Asst. Surgeon   | :                      | End Time                 | : 11.30 PM            |
| II Asst. Surgeon  | :                      | Dis. Pack                | : -                   |
| III Asst. Surgeon | :                      | Diathermy                | : -                   |
| Anaesthetist      | : Dr. Palaniyappan KIR | C-Arm                    | : -                   |
| OT Nurse          | : P. Soundarajan       | Arthroscopy              | : -                   |
| Name of Surgery   | : DGL                  | Laprosocopy              | : -                   |
|                   |                        | Sevoflurane / Isoflurane | : -                   |
|                   |                        | Inj. Fentanyl            | : Inj. Ketamine 1 ccs |
|                   |                        | 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 |
|------|------------|

Date  
12-2-21

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 15 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

CBC, RFT, RBS, Bst CG, Blood Cmp (processed)

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

14.2.24.  
ECG

ECG (2007)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref (Vigneshwari Nici)

[illegible]