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
20/4/24	CBP, RBS, RFT, LFT, S. Electrolytes, (20/4/24) BT CT
	pus culture
	O/P paid

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

20/4/24	ECG, chest xray (20/4/24) → O/P pad
20/4/24	1. X-ray @ leg & ankle (50 Rs)
	2. Rt leg & ankle (524 Rs)
	3. Lt foot Oblique (244)
20/4/24	Left lower limb arm scan (non ambulance)

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Alex	20/4/24	21/4/24	22/4/24				
	12 pm	12.00 pm	10.00 am				
Evening.	7pm						
Dr. Vigneshwaran (Vascular) MS	21/4/24						

Verified

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	Pt. Pickup to Poonthottam, medway.
BILL CLEARED : Due: 8599/-	
RETURNS CHECKED : Tot: 11015/-	

Other Procedures : (specify) :-

22/4/24 SV 4pm
Verified by

Admission Officer :

Sister In-charge

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mrs. Padmini D.O.A 20/4/24 Time 1.30. Pm

IP No. 2024000564

Room No. G/W (F) Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
20/4/24	2.pm	Casualty	G ward.	

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