CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr praveen	19/2/24	20/2/24	2 visit ward.				

Verified

AQ

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: V. Jeyanthi	
BILL CLEARED	: No due.	
RETURNS CHECKED	: Tot: 1539/-	

Other Procedures : (specify) :-

Suture (6 bite) done by casuality

Admission Officer :

Amudha
Sister In-charge

20/2/24 1PM

BILLING CARD

Patient Name MR. UDHAYA CHANDRAN. A D.O.A. 19/2/24 Time 23:10PM

IP No. 2024000288

Room No. G/WIM Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
19/2/24	11.40pm	ER	G/ward	[signature]

OPERATION THEATRE

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
19/2/24	CBC, RBS, RFT. (202400687)

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

19/2/24	ECG - I (202400687)		
	CT brain } 202400683	OP	Pad Pvd
	CT facial bone }		

CBG			CBG			

Date	PHYSIOTHERAPY

NEBULIZER			NEBULIZER			