NMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Praveen MD	20.1.24						

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	V. Jeyarani	
BILL CLEARED :	No due.	
RETURNS CHECKED :	Tot: 4279/-	

Other Procedures : (specify) :-

19/2/24 catheterication done

Time- 12.00

Admission Officer | Sister In-charge

BILLING CARD

Patient Name Mrs. Shakunthala. M D.O.A 19/2/24 Time

IP No. 20240000287

Room No. 207 Rent Per Day 8000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
19/2/24	10.30pm	Casualty	2nd floor	S/n celin Rani 223

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. :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
19/2/24	CBC, RBS, RFT, Electrolytes. (op paid)
20.2.24	urine comple ~~[illegible]~~) op paid

2024100685 op paid

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

19/2/24	ECG. (op paid)	2024100685)	

CBG

20/2/24
CBG - ① (218.)
CBG - ① (op Paid)

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER