BILLING CARD

Patient Name B/o. pushpa Latha (F) D.O.A. 20.2.24 Time 6.35am

IP No. IPM2024000136

Room No. 303 Rent Per Day Cradle

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
20/2/24	8.15AM	OT	3rd floor (303)	M. Devi
20/2/24	8PM	3rd floor (303)	3rd floor (304)	M. Devi

OPERATION THEA TRE

Date	: 20/2/24	OT No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	: Dr. Sarala	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	: ~~Warmer used~~
Name of Surgery	: LSCS	Laproscopy	:
1st male Baby Time 6.36am Wt: 2.76 kg		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
20/2/24	Blood Group & RH (1165) CBC, CRP (1183) SBR (1219)
23/2/24	Newborn Screening Test (1244)

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

(1210) CBG

CBG

20/2/24 (2) + (1) (1165) + 2 (1191)

21/2/24 2 (1191) (2) (1209) CBG - 1 (1230)

22/2/24 (1) (1230)

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Krithika	20/2/24	21/2/24	22/2/24				
Dr. Binu	21/2/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Vaccinations done by Dr. Krithika mam

Krithika 3028