BILLING CARD

Mr.SANKAR
45/Male/MHV202401561
01/03/2024/IPV2024000150
Dr.K.GAYATHRI MD

4 MAR 2024

Patient Name _____ D.O.A. 01/03/24 Time 1.00Am

IP No. _____

Room No. 315. Single Room NON A/C Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
01/03/24	1.00Am	RR.	ward.	Sankar 013r
1/3/24	5.00Am	ward	ICU	0066
1/3/24	11.45AM	ICU	WARD	0080

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

Date	Start	Date	Disconnect
1/3/24	1.30Am	1/3/24	5.00Am
1/3/24	5.00Am	1/3/24	11.45am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
1/3/24	1.30Am	1/3/24	5.00Am
1/3/24	5.00.Am.	1/3/24	11.30am

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
1/3/2024	CBC, UREA, CREATININE (1333)
2/3/24	Na+, K+, Cl-, HCO3, FBS (1341)
3/3/24	CBC, LFT (1364)

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

CBG

1/3/24	1+1+1		
2/3/24	1+1+1		
3/3/24	1+1		
4/3/24	1		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

1/3/24	1+1+1+1		
2/3/24	1+1+1+1		
3/3/24	1+1+1+1		
4/3/24	1+1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR-GAYATHRI M.D	1/3/24 @10.30am	11.30AM 2/3/24	4PM 3/3/24	11.45 4/3/24			
DR.S.P.VENKATESAN(S)	1/3/24 11.30am	2/3/24 3.35PM					
DR. PANDIYAN (PULMO)	2/3/24 8.30						

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

Other Procedures : (specify) :-

Admission Officer : 01/03/24

Sister In-charge