

Ref: DR. MANIVANAN

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CONSULTANT NAME	Date	Date	Date	Date	Date	Date
DR. maheshwaran	27/2/24	28/2/24	29/2/24	1/3/24		
Morning		12pm	8am	9am		6 night
Evening		6pm				
Night		10pm	10pm			

Verified
AQR

Verified

AG

PHARMACY

AMBULANCE

OT DRUGS REPLACED : v. *Sigurdson*
BILL CLEARED : *No due.*
RETURNS CHECKED : *Tot: 4984 /-*

Other Procedures : (specify) :-

K. Moen

1/3/24 cu 10 Aug

Sister In-charge

MH/PRINT/0007/EML/FC

**BILLING CARD**

Patient Name MR. Ramkumar.C

D.O.A. 27/2/24 Time 20:40pm

IP No. 2024000324

Room No. 67101M

Rent Per Day 1000

TRANSFER DETAILS

[illegible]

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	Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

Papa	OT No
Surgeon	Start Time
I Asst. Surgeon	End Time
II Asst. Surgeon	Dis. Pack
III Asst. Surgeon	Dialthermy
Anaesthetist	C-Arm
OT Nurse	Arthroscopy
Name of Surgery	Laproscopy
	Sevoflurane / Isoflurane
	Inj. Fentanyl
	Others

LABORATORY

Date 27/2/24 ~~GER~~ CRP (easy sothy) 90ppact &

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER