



BILLING CARD



Patient Name Pyyappan

D.O.A. 01/3/24 111111

IP No. 2pm 2024 000170

Room No. 112

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1.3.24	8pm	ER	1st floor	S/N. Thiaga
2/3/24	1:30pm	1st floor 112	(OT)	(3131)
2/3/24	3pm	OT	2nd floor	Seef 2171

OPERATION THEA TRE

Date	: 2/3/24	OT No.	: 1 OT.
Surgeon	: DR. Arun Kumar	Start Time	: 2 pm
I Asst. Surgeon	:	End Time	: 3 pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: used used
Anaesthetist	: DR. Monohar	C-Arm	: used 10 mins
OT Nurse	: S/N. Vahane maha	Arthroscopy	:
Name of Surgery	: closed Reduction & K wire	Laproscope	: K wire 2 used
	: Fixation	Sevoflurane / Isoflurane	:
	: supra clavicl nerve block	Inj. Fentanyl	: 10ml 1ml used
		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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
------	------------

[illegible]

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

1.3.24 ECG (1419) (1)
 1.3.24 Chest x-ray (1418) (1)
 2/3/24 (2) Hand Ap/Obllique (1435)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]