



BILLING CARD

Patient Name parvathy

IP No. PM2024000172

Room No. 309

Child. PARVATHY

2/Female/MHM202403921

01/03/2024/IPM2024000172

Dr. DHANASEKHAR K


D.O.A. 01/3/24 Time 11:30pm

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/3/24	1:30 Am	ER	III floor	SIA Thilaga

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

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

[illegible]

OT. No. :

Start Time :

End Time :

Dis. Pack :

Diathermy :

C-Arm :

Arthroscopy

Laparoscopy :

Sevoflurane / Isoflurane :

Inj. Fentanyl

Others :

LABORATORY

CBC, CRP, Ser Electrolysis (1414)
 Blood U/S (1420) Urine R/E (1415) Urine U/S (1416)

$$\text{Na}^+ (\text{H}_2\text{S})$$

CRP, LET (146)

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

1/2/24 usg abdomen done Yash's son (Paid)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]