BILLING CARD

Patient Name Master. SaiCHARAN.P D.O.A. 02/3/24 Time 11:20am

IP No. IP2024000344

Room No. CIC W/M Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/3/24	11.10am	Casualty	Cr.w	Sarala

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

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
2/3/24	~~patelet / CRP, urine complete~~ (ERKU 20240080 4)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			
2/3/24	Neb-(10)		

NEBULIZER			

Ref: DR. MANIVANNAN

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheshwaran	ER 2/3/24 10.40 AM	3/3/24 11.30 am.	4/3/24 9.45 AM				
Morning							
Evening							
Night	4pm	9pm					

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total: 1152	
BILL CLEARED	: Done: 1152	
RETURNS CHECKED	: Done.	

Other Procedures : (specify) :-

SIN Karthika 2
at 10.39
4/3/24

Admission Officer :

Sister In-charge