



Mrs.UMA

42/Female/MHV202401723

04/03/2024/IPV2024000160

Dr.K.GAYATHRI MD



Patient Name

IP No. _____

05 MAR 2024
BILLING CARD

05 MAR 2024

D.O.A. 04/03/24 Time 3:30pm

Room No. Triple Sharing non AK - 301 A

Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/3/24	4:30PM	OP	WARD (301-A)	Tamir / 0028

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

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

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OT Nurse :	Arthroscopy :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

4/3/24 chest x-ray-P.A view (1402)
 ABDOMEN X-RAY (1402)
 24/03/24 CECT - abdomen (1420)

CBG

CBG

4/3/24 1+1
 5/3/24 1+1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

