Dr. Sagy Lown Copy

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. mohamed sagy	12/3/24	13/3/24					

Verified

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 18919 /-	
BILL CLEARED :	
RETURNS CHECKED : Due : 8857 /-	

Other Procedures : (specify) :-

12/3/24 Dressing done by Dr. mohamed Sagy

13/3/24 Dressing done by Dr. mohamed sagy
13/3/24 at. 10.40am.
Verified by
Vef.

Admission Officer :

Sister In-charge

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mrs. SHANMUGAVADIVU.R D.O.A 11/3/24 Time 08.10AM

IP No. 2024000381

Room No. G.W.F Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/3/24	8.10am	casualty	G-ward	Sarala
11/3/24	12.30pm	OT	OT	Vishal
11/3/24	4pm.	OT	G ward	[illegible]

OPERATION THEATRE

Date	11/3/24	OT No.	3rd OT
Surgeon	Dr. Mohamed sagi	Start Time	1.00 Pm
I Asst. Surgeon	–	End Time	3.00 Pm
II Asst. Surgeon	–	Dis. Pack	(Ortho Pack used) sold in pharmacy
III Asst. Surgeon	–	Diathermy	
Anaesthetist	Dr. Jamunak SD	C-Arm	used ½ hour.
OT Nurse	Kalai	Arthroscopy	–
Name of Surgery	Foot Ankle Reduce Nailing (Rt side)	Laproscopy	–
		Sevoflurane / Isoflurane	–
		Inj. Fentanyl	
		Others	O2 used 1 hour.

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	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
11/3/24	~~HB, Serology, BT/CT, PT/INR/PTT, Urea, Electrolytes, [redacted], ESR, CRP~~ (OP paid) (OPKB26240180) OP Poli.

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

11/3/24	~~X-Ray Ankle~~ (OP paid)	(OPKB26240180) OP Poli.
12/3/24	~~X-Ray~~ Ankle joint (3413)	

CBG								CBG
11/3/24	~~OBG-(1)~~	9369						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			