Ref :- Dr. Manivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheshwaran	14/3/24 12.30pm	15/3/24 10.30pm	16/3/24 11pm	17/3/24 11pm			
	6.45pm 11pm				6 visit		
Dr. Kanagaraj.	15/3/24 4pm.	16/3/24	(2) visit				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 3380 /-	
BILL CLEARED :	
RETURNS CHECKED : No due.	

Other Procedures : (specify) :-

Admission Officer : ✓

Sister In-charge

Date 17/3/24
Time 12 Pm

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Master. Ashwin D.O.A. 14/3/24 Time 11:30am.

IP No. 2024000395

Room No. 61a Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/3/24	12.10pm	Casualty	G- ward	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				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
14/3/24	FBC, CRP, Widal (OPKB20240 1236)

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

CBG			CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
14/3/24	neb - 2						
15/3/24	neb - 6						
16/3/24	neb 7						
17/3/24	neb 8						