Ref: Dr. MANIVANAN

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheswaran	15/3	16/3/24	17/3/24	18/3/24	19/3/24		
morning	9.30AM	9.30AM	11am	9AM	9AM		
Evening			5PM	5Pm			
Dr. kanagagiri	4PM	16/3/24 9.30AM			5Pm		
[redacted]	[redacted]						

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	V. Jeyan	Total: 4343
BILL CLEARED :	No due.	NO: Due
RETURNS CHECKED :	Tot: 3996/=	P. leela.

Other Procedures : (specify) :-

verified by
J. Nithya 2225
18/3/24 at 3.50pm

Admission Officer :

Sister In-charge

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Baby. NAFEELA.N D.O.A. 15/3/24 Time 02.00AM

IP No. 20240000403

Room No. 207 Rent Per Day 2000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
15/3/24	1.30am	casualty	2nd floor	S/n celin Devi

OPERATION THEATRE

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
15/3/24	CBC/ CRP/ - (op paid)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

(5.30Am 16/3/24 (11.30pm
5.30pm) Neb - ④ 11.30pm)
5.30pm ①
12Pm ①
Neb - ② 12.
16/3/24
11.30pm Neb - ① + ①
4.30 Am ①
5.30pm ①.
Neb - ③ ⑫ 11.30Am
⑭
17/3/24
16/3/24 11.30pm

NEBULIZER