BILLING CARD

Patient Name mr. Govindan. A D.O.A 26/4/24 Time 3. Pm

IP No. 2024000594

Room No. 204 Rent Per Day 2000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

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
27/4/24	CBC, RFT, RBS, Electrolytes ~~CBC~~ (5492) Urea (5498) Creatine (5497) ~~RBS, Electrolytes~~ (5496)

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

27/4/24	~~Chest~~ x ray (5496)		

CBG

28/4/24 CBG - (1) (2405591)			

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Praveen	27/4/24 12 Pm W						
Dr. Jamuna	28/4/24 12 Pm W	29/4/24 W					
Dr. Ravichandran	28/4/24 W						

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED : Due: 2244/-

RETURNS CHECKED : Tot: 2244/-

AMBULANCE

Other Procedures : (specify) :-

→ verified by r. Mujara 29/4/24 @ 12.50

Admission Officer :

Sister In-charge