BILLING CARD

Patient Name Mr.ANNADURAI
IP No. 53/Male/MHC202410963
Room No. 18/03/2024/IPC2024000854 Dr.ARTHI

D.O.A. 18/8/24 Time 05:39pm

Rent Per Day 1500/-

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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Chenn9 (MD)	18/3/24	19/3/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : NIL BILL CLEARED : RETURNS CHECKED :	NIL

Other Procedures : (specify) :-

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

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

18/3/24	ECG	DUE	Tamil.
18/03/24	L-S Spine AP	Due	
18/03/24	CT - BRAIN.	DUE	R. Mohan Raj

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER