



BILLING CARD

Patient Name Mr. Sree Kumar. O.MD.O.A. 18/3/24 Time 10:30pmIP No. IPM 2024

Mr. SREEKUMAR. O.M

84/Male/MHM202404158

Room No. 111

18/03/2024/IPM2024000223

Dr. VAISHNAVI GANESAN

Rent Per Day 4000

Date	Time	Fr	Sister Signature
18/3/24	11pm	ER	3rd floor(111)

OPERATION THEA TRE

Date :	OT No. :
Surgeon :	Start Time :
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

[illegible]

Date	LABORATORY
19/3/24	CBE (1928) CRP (1938) LFT (1939) RFP (1939) VDR (1940) H.W. Ho'sag. Ank Hcr (1948) (Elsa) Unre Routine (1941) (1941) (1941)
19/3/24	PBS / HBAIG (1943) PPBS (1954)
20/3/20	Sr. CEA, Sr. Electrolytes (1982)

[illegible]

[illegible]