TNS? IV

BILLING CARD

Mr.JAYA SURYA.T
24/Male/MHC20241045
19/03/2024/IPC2024000860
Dr.ARTHI

Patient Name _____ Stepdown Ward D.O.A. 19/3/24 Time 10:00 AM

IP No. _____

Room No. _____ Rent Per Day 3,300

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 Sankar Linyam (MS)	19/3/24	20/3/24	21/3/24				

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

Other Procedures : (specify) :-

D.O.A : 19/3/24 at 10:am

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

19/3/24	ECG / 4125	DCO	
19/3/24	USG-abdomen-4151	due	Dr. vanitha Mani
21/03/24	CECT - ABDOMEN	DCE	P. MOHAN RGJ

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

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
19/3/24	CBC, RBS, urea, creatinine, LFT, Electrolytes Amylase, lipase / 4125
20/3/24	urine complete - 4188
21/3/24	CBC, Amylase, lipase / 4208