| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| Dr Alex | 21/3/24 | | | | | | |
| Morning | 11.30AM | | | | | | |

| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : | |
| BILL CLEARED : Due: 3792 - | |
| RETURNS CHECKED : Tot: 3792 - | |

Other Procedures : (specify) :-

21/03/2024.

Admission Officer : Sister In-charge

# BILLING CARD

Patient Name Mrs. S. Sathya DOA 20/3/24 Time 11:30pm

IP No. 2024000442

Room No. 24 Rent Per Day 1000/-

## TRANSFER DETAILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 20/3/24 | 12pm | Reserve ward | 2nd floor | |
| 21/3/24 @ 4.00pm | | 2nd floor | OT | |
| 21/3/24 | 6.05am | OT | 2nd floor | 21/3/24. |

## OPERATION THEATRE

| | | | |
|---|---|---|---|
| Date | 21/3/24 | OT No | III rd OT |
| Surgeon | Dr. Alex Moses | Start Time | 5.00pm |
| I Asst. Surgeon | – | End Time | 6.05pm |
| II Asst. Surgeon | – | Dis. Pack | – |
| III Asst. Surgeon | – | Diathermy | used 5 mins |
| Anaesthetist | LA | C-Arm | – |
| OT Nurse | P. Sundaranayaki | Arthroscopy | – |
| Name of Surgery | B/L Hand wound wash and suturing done. | Laproscopy | – |
| | | Sevoflurane / Isoflurane | – |
| | | Inj. Fentanyl | Inj Ketamine 2 cc used |
| | | 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 |
|---|---|
| 20/3/24 | CBC, RFT, Serology, BT-CT, Blood-G+ve |

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

| | | | |
|---|---|---|---|
| 20/03/2024 | X-Ray - Both hand AP/Lat. | ( ) | |

CBG

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |

CBG

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |

| Date | PHYSIOTHERAPY |
|---|---|

NEBULIZER

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |

NEBULIZER

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |