Dr. S. Suresh (Own case)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Jamuna	26/3/24						
DR Suresh	26/3/24 8.30 PM	(1000)					

Verified

PHARMACY

OT DRUGS REPLACED	Tr. NO
BILL CLEARED	TOTOC - 1089/-
RETURNS CHECKED	no due

AMBULANCE

Other Procedures (specify)

26/3/24 1 unit Blood transfusion done

27/3/24 1 unit Blood transfusion done

27/3/24 1 unit Blood transfusion done

T. Ajitha

Mission Officer

Sister In-Charge

MR FRNT / 0007 BILL FO

BILLING CARD

Patient Name Mrs. D. Karthika DOA 26/3/24 Time 10:30 PM

IP No. 2024004 74

Room No. GT W-F Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
26/3/24	10:30 PM	Casualty	G - Ward	Sarala

OPERATION THEATRE

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				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

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

26/3/24	ECG IP (A098)		

CBG				CBG			
27/3/24	CBG - ①	4150					

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			