BILLING CARD

Mrs.MUTHTHAZHAGI A
39/Female/MHV202401995
26/03/2024/IPV2024000217
Dr.KARTHIKEYAN

Patient Name _____ 29 MAR 2024 D.O.A. 26/3/24 Time 12:45PM

IP No. _____

Room No. 301-C Triple Sharing Non AC Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/03/2024	1.00pm	ER.	301 ward	

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

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
27/3/24	PTINR (1816). CBC (1826)
28/3/24	CBC, Electrolytes, Urea, Creatinine (1836)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
27/3/24	ECG - (1825)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Karthikeyan	26/3/24 @ 7.30pm	27/3/24	28/3/24				
DR. GAYATHRI (MD)	27/3/24	28/3/24	29/3/24				

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

Other Procedures : (specify) :-

K. Kal 26/3/24.
Admission Officer

Sister In-charge