BILLING CARD

Patient Name: Mr.HUTSON PAUL
26/Male/MHM202404259
02/04/2024/IPM2024000256
Dr.VAISHNAVI GANESAN

IP No. _____

Room No. _____

D.O.A. 2.4.24 Time 10:00 A.M

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/4/24	11am	ER	IV floor 307	Rachel

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
2/4/24	CBC, RFT, LFT (2266)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. ARAVIND	1/4/24	2/4/24	3/4/24	4/4/24			
DR. KAVSHNAAVI	~~1/4/24~~						
DR. Arun Kumar (Ortho)	3/4/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Rs. 8344.00 BILL CLEARED : RETURNS CHECKED : 4/4/24 3.10pm	

Other Procedures : (specify) :-

3/4/24 Dressing done by Dr. Manirathnam

3/4/24 Dressing done by Dr Aravindh.

4/4/24 Dressing done by Dr. Mahirathan

M. Maink 3/4/24

Admission Officer : 260

Sister In-charge