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
30/3/24	CBC, RBS, RFT, Serology, S. Electrolytes, LFT, Urine AFB, Blood Culture and MRA IP raised

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER		
30/3/24	CT Brain, CT Abdomen & CT Chest	IP raised.
30/3/24	ECG IP Raised	

CBG				CBG			
30/3/24	-	(1)					

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Dr. Palaniyappan (own case) ref (Mani Ambulance) 2000/-

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Palaniyappan	2/3/24 11:00am						
Dr. Jamuna	2/3/24						

Verified

Verified by

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Gayatri	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot: 4496/-	

Other Procedures : (specify) :-

30/3/24

* CBD Done. casuality S/N
* P/c tube done ICU S/N.

Admission Officer :

Sister In-charge

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mr. Anand. M D.O.A. 30/3/24 Time 01:00am

IP No. 20240004 88

Room No. ICU Rent Per Day 4100/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/3/24	1Am	Casualty	ICU	Sarala

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				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
30/3/24	1.30am	30/3/24	12pm → 1				

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				30/3/24	1.30am	30/3/24	12pm → 1

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
30/3/24	1.30am	30/3/24	12pm → 1	30/3/24	1.30am	30/3/24	12pm → 1