CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	30/3/24	3/4/24	1/4/24				
			Verified				
			A.Z.				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Nil. me	
BILL CLEARED : TOTAL - 7164/-	
RETURNS CHECKED : no due/-	

Other Procedures : (specify) :-

Verified by.
T. Kaveri
220b

Admission Officer : Reefa

Sister In-charge

MW PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Ms. Uthirapathi D.O.A 30/3/24 Time 4:00pm

IP No. 20240002245

Room No. G/w-m Rent Per Day 1

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/3/24	2.35pm	ER	2nd floor	[illegible]

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

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
30/3/24	CBC, DPT, ESR, CRP, plasma acetone, electrolytes ~~CBG~~ ~~LFT~~ OP paid (20240154I) (OPKB20240154I)
1/4/24	WBC, Electrolytes (~~[illegible]~~ 4438)

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

30/3/24	ECG - 1 } OP paid Echo screening - 1 } paid (20240154I)	OP 888	(OPKB20240154I)

	CBG				CBG		
30/3/24	CBG ~~RD~~ OP paid 20240154I (OPKB20240154I)						
	CBG (R) (4358)						
31/3/24	CBG (4444) (N)						
1/4/24	CBG (R) (4444)						
	CBG (N)						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			