

CONSULTANT NAME	Date	Date	Date	Date	Date
Dr. Balakrishna	3/4/24	3/4/24			
Dr. Jeyaraj	3/4/24	3/4/24			
Dr. Arun (PSC)	3/4/24	3/4/24			

MNL

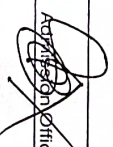
OT DRUGS REPLACED	PHARMACY	AMBULANCE
BILL CLEARED : V. Jeyaraj		
RETURNS CHECKED : No		
Other Procedures : (Specify) :-		

3/4/24 : Drgs tube insertion done.

4/4/24 at 1pm.

Ventilator bag

VShi

Admission Officer : 

Sister In-charge

BILLING CARD									
Patient Name		MR. MANIKANDAN.B				Room No.		0041000501	
IP No.		0041000501				Transfer Det Ails		4100	
Date		Time		From		To		Patient Part Day	
3/4/24		9:30am		Consulting		ICU		4100	
3/4/24		12pm		ICU		ICU		4100	

OPERATION THEA TRE									
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect	Date	Disconnect
3/4/24	9:30am	3/4/24	12pm	3/4/24	12pm	3/4/24	12pm	3/4/24	12pm

MONITOR									
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect	Date	Disconnect
3/4/24	9:30am	3/4/24	12pm	3/4/24	12pm	3/4/24	12pm	3/4/24	12pm

SYRINGE PUMP									
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect	Date	Disconnect
3/4/24	9:30am	3/4/24	12pm	3/4/24	12pm	3/4/24	12pm	3/4/24	12pm

VENTILATOR									
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect	Date	Disconnect
3/4/24	9:30am	3/4/24	12pm	3/4/24	12pm	3/4/24	12pm	3/4/24	12pm

OPERATION THEATRE	
	OT No
Date	:
Surgeon	Start Time
1 Asst Surgeon	End Time
2 Asst Surgeon	Dis. Pack
3 Asst Surgeon	Dishgarmy
Anaesthetist	C-Arm
OT Nurse	Arthroscopy
Name of Surgery	Laproscopy
	Specialist Use Only

Date	OT No.
Surgeon	Start Time
I Asst Surgeon	End Time
II Asst Surgeon	Dis. Pack
III Asst Surgeon	Dietary
Anesthesiologist	C-Arm
OT Nurse	Arthroscopy
Name of Surgery	Laparoscopy
	Sevoflurane / Isoflurane
	Inj. Fentanyl
	Others

LABORATORY

(If required)

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