



BILLING CARD

Patient Name Ms. Vasanthi

D.O.A. 9/10/24 Time 12 pm

IP No. 1PB202400102

Room No. 206

Rent Per Day 1400 / day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/10/24	12 pm	EMR	ward	Bhuvan
9/10/24	6:30 AM	OT	Ward	Kaviya R
10/10/24	6:30 pm	ward (206)	ward (209)	Bhuvan

OPERATION THEA TRE

Date	: 10/10/24	OT No.	: 1ST
Surgeon	: Dr. KAVITHA	Start Time	: 6:25 AM
I Asst. Surgeon	: (Dr. Narmadha Mam)	End Time	: 6:16 AM
II Asst. Surgeon	: Asst.	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: YES
Anaesthetist	: DR. MAYILVANNAN	C-Arm	:
OT Nurse	: MS. KAVIYA R	Arthroscopy	:
Name of Surgery	: ELECTIVE LSCS	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

9/10/24 CBC, B1, C9

13/10/24 Ptb, urine R/E

RADIOLOGY - ECG ECHO X-RAY USG CT MRI DRP BIO-DOPPLER

7/11/24

ECG

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

