BILLING CARD

Patient Name Mrs. Poovizhi. D.O.A. 18/9/24 Time 10.45 am

IP No. IPI 2024001107.

Room No. 214. Rent Per Day 1400/Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/9/24	10.45 am	OPD	ward.	S. Manimegalai
18/9/24.	2.45 pm	ward	OT	
18/09/24	4PM	OT	WARD	Kaviya. R

OPERATION THEA TRE

Date	: 18/09/24	OT No.	: 2ND
Surgeon	: DR. NARMADHA.	Start Time	: 3:05PM
I Asst. Surgeon	: DR. PARTHIBAN.	End Time	: 3:35PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. MAYILVANNAN	C-Arm	:
OT Nurse	: MS. JAMUNARANI	Arthroscopy	:
Name of Surgery	: DIAGNOSTIC LAPRASCOPY.	Laproscopy	: YES
		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

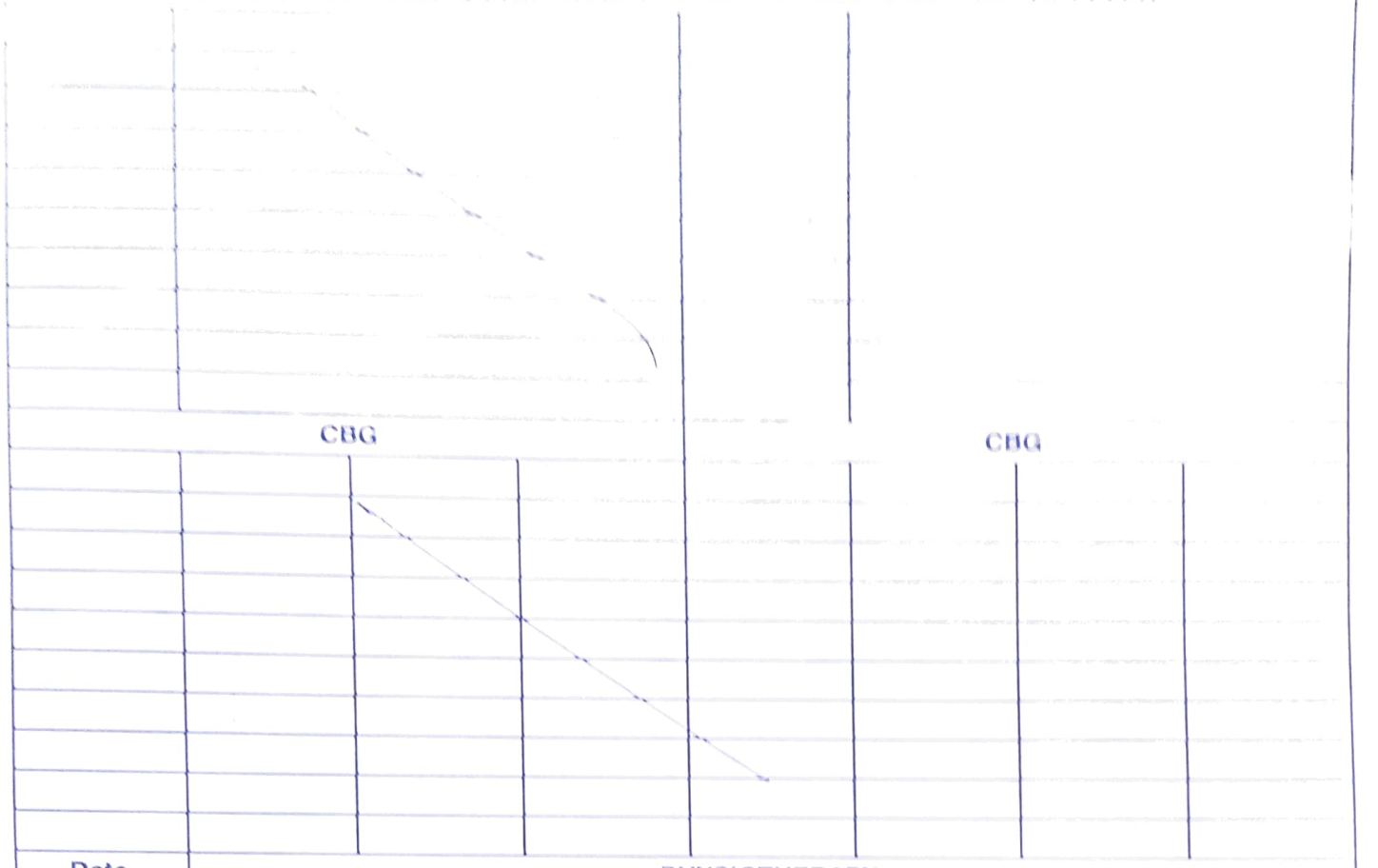
Date	Start	Date	Disconnect

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	:

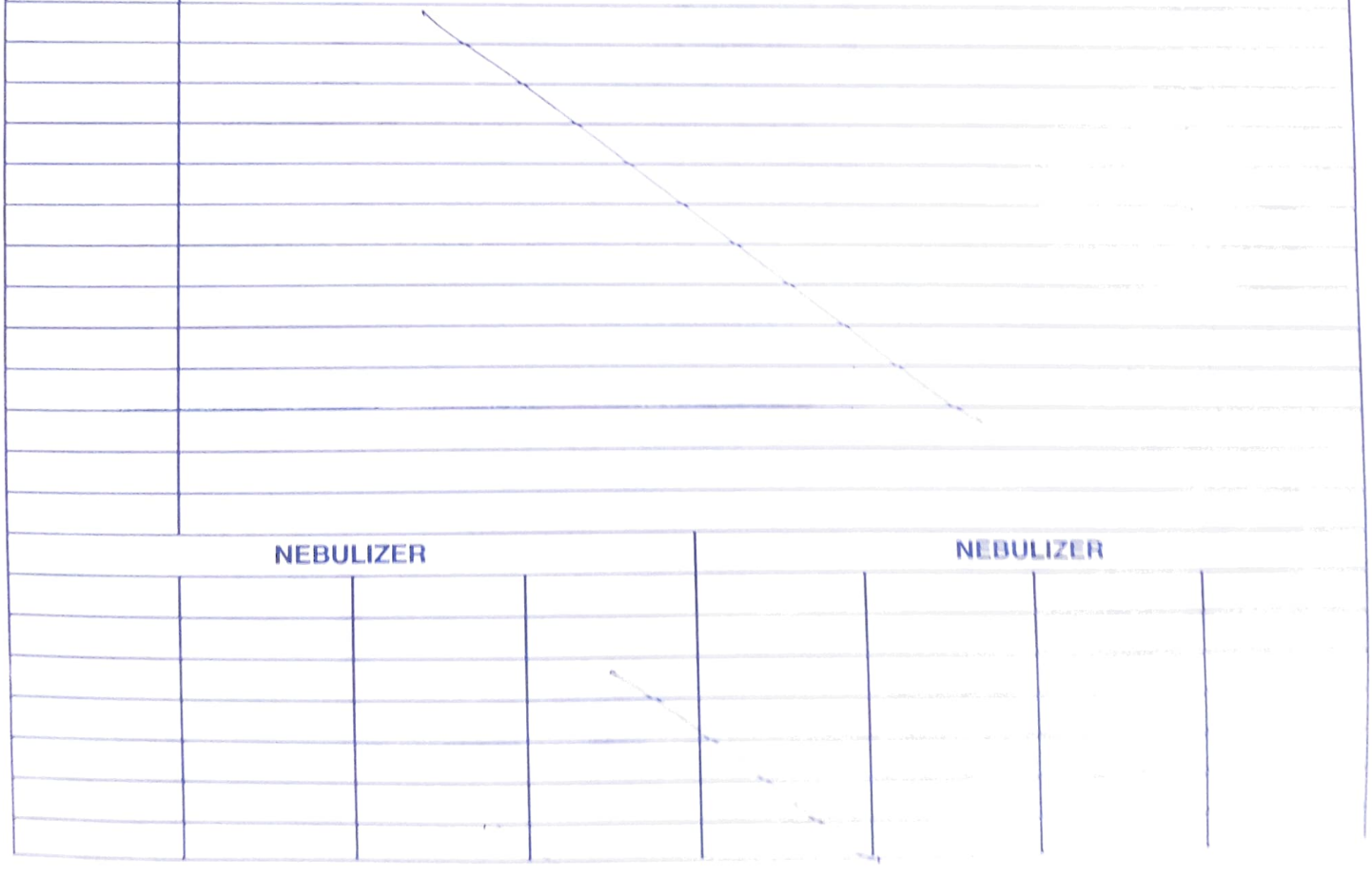
Date	LABORATORY

RADIOLOGY : ECG ECHO X RAY USG CT MRI DSA BIOTHOTTER



Date

PHYSIOTHERAPY



CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Nasmadha.	18/9/24 B.	19/9/24 C.					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

D.O.A : 18/9/24

D.O.D : 19/9/24

Dr. Lavanya

Admission Officer :

Sister In-charge