BILLING CARD

Patient Name Mrs. Ranjitha. D.O.A. 25/6/24 Time 5.03 pm.

IP No. IP2302400045.

Room No. S-202. Rent Per Day 1400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/6/24	APM	OP	ward	

OPERATION THEA TRE

Date	: 25/6/24	OT No.	: IVF-Lab
~~Surgeon~~	Dr. : Naramadha	Start Time	: 6.00 pm.
I Asst. Surgeon	: –	End Time	: 6.30 pm.
II Asst. Surgeon	: –	Dis. Pack	: –
III Asst. Surgeon	: –	Diathermy	: –
Anaesthetist	: –	C-Arm	: –
OT Nurse	: Manimekalai	Arthroscopy	: –
Name of ~~Surgery~~	: FET	Laproscopy	: –
		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-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER

CBG	CBG

Date	PHYSIOTHERAPY

NEBULIZER	NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Namadha	25/6 (1)	26/6 (1)					

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

Other Procedures : (specify) :-

D.O.A 25/6/24 1PM

D.O.D 26/6/24 2PM

Admission Officer :

Sister In-charge