BILLING CARD

Patient Name Mrs. Dhivya barathi. D.O.A. 16/7/24 Time 8.30 am.

IP No. IPB2024000190.

Room No. G.21. Rent Per Day 925/Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/7/24.	8.30 Am	—	ward.	A.osh.
16/8/24	4.15pm	ward	OT	A osh
		OT	ward	A.osh

OPERATION THEA TRE

Date	: 16/7/24	OT No.	: 2 St
Surgeon	: Dr. Nanmelha.	Start Time	: 4.28 pm
I Asst. Surgeon	: —	End Time	: 5. pm
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: Dr. M. MENAKA	C-Arm	: —
OT Nurse	: Jamunarani (Dr. Mayil)	Arthroscopy	: —
Name of Surgery	: Pre L&CS E PS Vaganan) Assistant	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

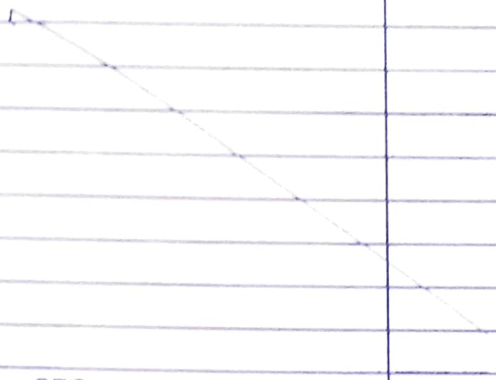
Date	Start	Date	Disconnect

OPERATION THEA TRE

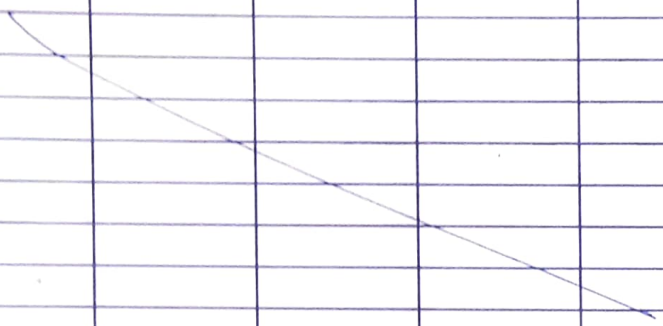
Date	:	OT. No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
19/7/24	Hb. PCV
22/7/24	Biopsy (outside lab).

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



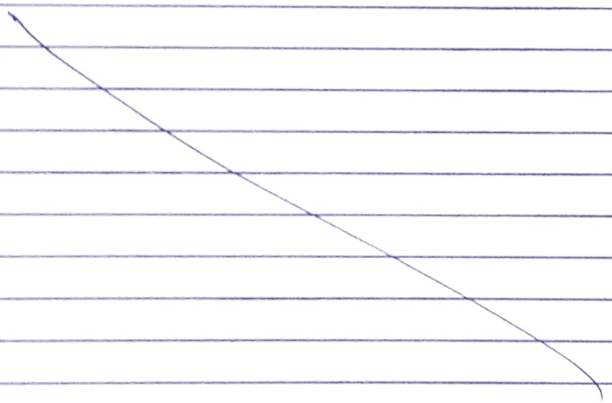
CBG



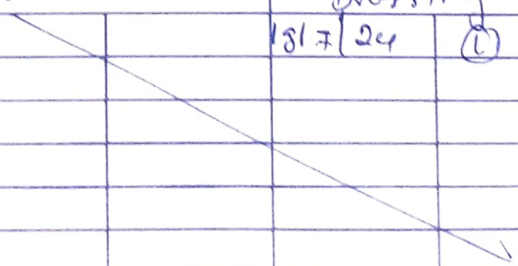
CBG

Date

PHYSIOTHERAPY



NEBULIZER

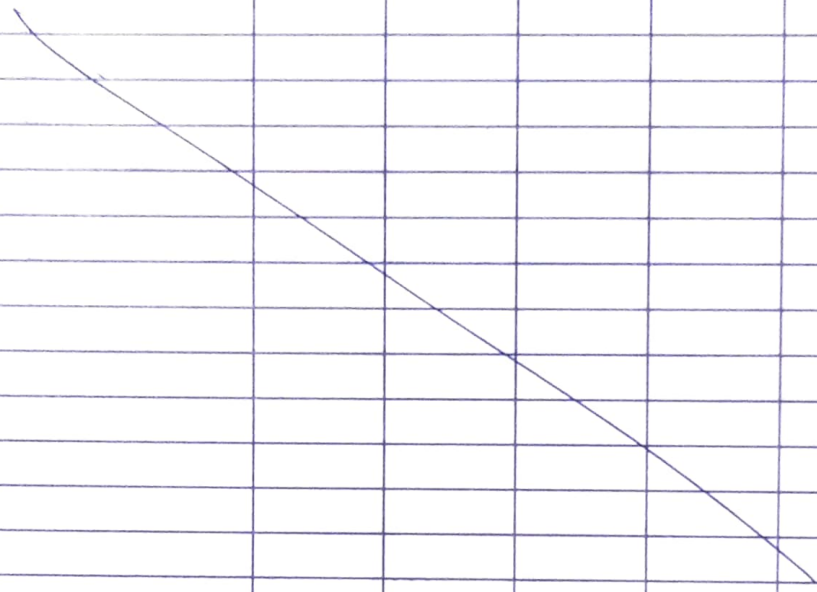


Dressing

NEBULIZER

18/7	24	(L)			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Narmada.	16/7/24	17/7/24	18/7/24	19/7/24			
	①	①	①	①			



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

Other Procedures : (specify) :-

D.O.A : 16/7/24.

D.O.D : 19/7/24.

Admission Officer :

Sister In-charge