

**BILLING CARD**Patient Name MRS. PALANIYAMMALD.O.A. 9/7/24 Time 11:12 AMIP No. IPE2024000172Room No. G1. WardRent Per Day 750 / Day**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
9/7/24	9:10AM	EMR.	G1- WARD.	KOKILA.

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	:

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



BILLING CARD

Patient Name MRS. PALANIYAMMAL

D.O.A. 9/7/24 Time 11:12 AM

IP No. IPE2024000172

Room No. 61. Ward

Rent Per Day 750 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/7/24	9:10AM	EMR.	61- WARD.	KORILA.

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 :

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

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

[illegible]

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

9/7/24.
11/2/24

CT- brain (P).
CT- Ab

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

