BILLING CARD

Patient Name MRS: Dheepika D.O.A. 9/7/24 Time 5:15pm

IP No. IPE2024000174

Room No. Cr.24 → Cr.22 Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/7/24	5:15pm	~~to~~	ward	Thamarai
10/7/24	10:10am	ward	OT	Bhavarasi
	11:am	OT	ward	Usha
10/7/24	5.10pm	ward	Sharing Room	Bhi

OPERATION THEA TRE

Date	: 11/7/24	OT No.	: 10:20AM
Surgeon	: Dr. Nanmadha	Start Time	: 10:45AM
I Asst. Surgeon	: –	End Time	:
II Asst. Surgeon	: –	Dis. Pack	: –
III Asst. Surgeon	:	Diathermy	: –
Anaesthetist	: Dr. Thirumalai raja	C-Arm	: –
OT Nurse	: Jamuna 4500/	Arthroscopy	: –
Name of Surgery	: LSCS	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	:

LABORATORY

Date	
13/7/24	CBC, U/C

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. Nanmadha	10/7/24	11/7/24	12/7/24	13/7/24	14/7/24	15/8/24	
	D + D	D + D	D + D	D	D	D	

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

Other Procedures : (specify) :-

D.O.A : 10/7/24.

D.O.D : 15/8/24.

Admission Officer :

Sister In-charge