



BILLING CARD

Patient Name MR. Venkatachalam
IP No. IPE2024000163
Room No. 01-22 B

Master.VENKATACHALAM
20/Male/MHE2024/0583
03/06/2024/IPE2 J24000103
Dr.KANNA MM L DURAISAMY

A. 3/06/24 Time 5:11 PM
er Day 925/Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
3/06/24	10:30AM	OP	EMR	
3/06/24	1:30pm	EmR	ward	

OPERATION THEATRE

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

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	:
Surgeon	:
I Asst. Surgeon	:
II Asst. Surgeon	:
III Asst. Surgeon	:
Anaesthetist	:
OT Nurse	:
Name of Surgery	:

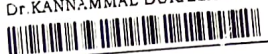
OT. No.	
Start Time	
End Time	
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Diathermy	:
C-Arm	:
Arthroscopy	:
Laproscope	:
Sevoflurane / Isoflurane	:
Inj. Fentanyl	:
Others	:

Master.VENKATACHALAM

20, Male / MHE202400583

03.06/2024 / IPE2024000103

Dr.KANNAMMAL DURAISAMY



Date

LABORATORY

3/06/24	CBC, Sr. Electrolytes (paid)	MMH/MV / DUE202400429
04/6/24	platelet	

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

3/06/24

CT Brain (P) (paid)

MIMH / MV / DME202400429.

Master.VENKATACHALAM

20 / Male / MHE202400583

03/06/2024 / IPE2024000103

Dr.KANNAMMAL DURAISAMY



CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

