BILLING CARD

Mr. PEMYAMANI
27/ male/MHE/02400661
24/04/2024/IP/2024000045
Dr. NARMADHA

Patient Name _____ D.O.A. 27/4/24 Time _____

IP No. _____

Room No. _____ Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
27/4/24	2.30 PM	EMR	WARD	A. Usha.
28/4/24	1.30pm	ward	OT	Asst
28/4/24	2.50pm.	OT	2.55pm ward,	Asst.

OPERATION THEA TRE

Date	: 28/4/24	OT No.	:
Surgeon	: [illegible]	Start Time	: 1.55pm
Asst. Surgeon	: Dr. Narmadha.	End Time	: 2.30pm.
II Asst. Surgeon	: —	Dis. Pack	:
III Asst. Surgeon	: —	Diathermy	:
Anaesthetist	: Dr. Kanimozhi.	C-Arm	:
OT Nurse	: S/N. Usha.	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	:

Date	LABORATORY
1/5/24	CBC, Urine R/E.

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

27/4/24	Echo, ECG		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vasmadha	27/4/24	28/4/24	29/4/24	30/4	1/5/24	2/5/24	
	②	①	①	①.	① .	①	

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

Other Procedures : (specify) :-

28/4/24 catheterization done by. Elavalani

D.O.A : 27/4/24

D.O.S : 28/4/24

D.O.D : 2/5/24.

Admission Officer :

Sister In-charge