BILLING CARD

Patient Name Mrs. Papayammal D.O.A. 6/5/24 Time 03:12 PM

IP No. IPE2024000063

Room No. _____ Rent Per Day 925 /Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/5/24	11Am	EMR	ward	Kokila.
7/5/24	4.30pm	ward	ICU.	A.ash.
7/5/24.	9pm	ICU	ward	Ananthi.

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

Date	Start	Date	Disconnect
7/5/24.	4 pm	7/5/24	8.30pm

INFUSION PUMP

Date	Start	Date	Disconnect
6/5/24	2PM	7/5/24	8 pm

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
15/24	. urine ketone, BR. Electrolytes,
15/24	CBC.

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

6/5/24	ECU		

CBG

6/5/24	CBG	①	

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Parthiban.	6/5/24	7/5/24.	8/5	9/5			
	①	①	①	①			
Dr. kannammal.	6/5/24.	7/5/24	8/5.				
	①	①	① .				

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

Other Procedures : (specify) :-

Const B^ve Packed all. in ice.

D.O.A 6/5/24 11am

D.O.D 9/5/24 2pm

Admission Officer :

Sister In-charge