BILLING CARD

Patient Name Mr. Parthasarathy D.O.A. 31524 Time

IP No IPF2024000059

Room No Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
31524	12.30pm	EMR	ward	

OPERATION THEA TRE

Date	OT No. :
Surgeon	Start Time :
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
31524	12.30 PM	61524	1 AM

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
3/5/24	SRology.
6/5/24	ST. ammonia

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. Parthiban	3/5/24 (1)	4/5 (1)	5/5 (1)	6/5 (1)	No Fees.		
DR. Sathiya velavan	3/5/24 (1)						
DR. Kannammal	3/5 (1)	4/5 (1)	5/5 (1)	6/5 (1)			

PHARMACY	AMBULANCE
DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

D.O.A 12.30PM 3/5/24

D.O.D 2PM 6/5/24

Admission Officer :

Sister In-charge