BILLING CARD

Mr.RANGASAMY
65/Male/MHE202402502
05/05/2024/IPE2024000062
Dr.KANNAMMAL DURAISAMY

Patient Name _____ D.O.A. 5/5/24 Time _____

IP No. _____

Room No. _____ Rent Per Day 1400/Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/5/24	10.45am	EMR	ward	
7/5/24	11.45pm	Ward	ICU	
8/5/24	11.30Am.	ICU	ward.	

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	11.45PM	8/5/24	11.30Am.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
7/5/24	11.45PM	8/5/24	11.30Am.

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
5/5/24	CBC, ESR, urine RE creatinine urea, RBS, ESR, Electrolytes
7/5/24	ECG, Trop-T
8/5/24	RFT, Sr. Electrolytes, CRP, TROP-I

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

7/5/24	X-ray - PA	8/5/24	ECG - (2) times

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

6/5/24	(1)		
7/5/24	(1)		

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Parthiban	5/5/24 (1)	6/5/24 (1)	7/5/24 (1)	8/5/24			
DR. Kannammal	5/5/24 (1)	6/5/24 (1)	7/5/24 (1)	8/5/24 (1)			
DR. SARAVANAN	7/5/24	8/5/24 (1)					

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

Other Procedures : (specify) :- ECHO SCREENING BY DR. SARAVANAN

D.O.A 5/5/24 10.45am

D.O.D 8/5/24 11.30 am

Admission Officer :

Sister In-charge