BILLING CARD

Patient Name Mr. Jagadesan. D.O.A. 8/6/24. Time 11 am

IP No. IPE - 2024 000108.

Room No. G. 24. Rent Per Day 1400 /Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/6/24.	8 30 am	EMR.	Ward.	Logesh.
8/6/24.	5pm	Ward	OT	Elavarasi.
8/6/24	7pm.	OT	Ward.	Usha.

OPERATION THEA TRE

Date	: 08/6/24	OT No.	:
Surgeon	: Dr. Mohan kumar.	Start Time	: 5pm
I Asst. Surgeon	: -	End Time	: 7pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Mayilvananan.	C-Arm	: -
OT Nurse	: Jamuna.	Arthroscopy	: -
Name of Surgery	: Excision Biopsy, Primary Suturing Done.	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
8/6/24.	CBC, BSR, RBS. Urea, Creatinine, Electrolytes, BT, CT. PT INR, APTT; HIV, Hbs Ag, HCV. Blood Group Rh.
8/6/24.	Biopsy (Cyto lab). paid.

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

8/6/24.	Xray Chest PA. ECG.		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER. Dressing.

10/6/24.	1		
12/6/24	1		

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Mohankumar.	8/6/24	9/6/24	10/6/24	11/6/24	12/6/24		
	①	①	①	①	①		
Dr. Parthiban.	8/6/24	9/6/24	10/6/24	11/6/24	12/6/24		
	①	①	①	①	①		

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

Other Procedures : (Specify) :-

D.O.A : 8/6/24.

D.O.D : 12/6/24.

ward sln. →

Admission Officer

Sister In-charge