# BILLING CARD

Patient Name Mrs. Sathya D.O.A. 11/07/24 Time 9:59 AM

IP No. IPE2024000180

Room No. 206 Rent Per Day

## TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 11/7/24 | 9.59 Am | EMR | Ward | Ad. |
| 11/7/24 | 2pm. | ward | OT | Ad 1775mm |
| 11/7/24. | 2.40pm | OT | ward | Ad. |
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## OPERATION THEA TRE

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|---|---|---|---|
| Date | : 11/7/24 | OT No. | : – |
| Surgeon | : Dr. Narmadha. | Start Time | : 11/7/24 @ 2pm |
| I Asst. Surgeon | : – | End Time | : 2.30pm |
| II Asst. Surgeon | : – | Dis. Pack | : – |
| III Asst. Surgeon | : – | Diathermy | : – |
| Anaesthetist | : Dr. Kanimozhi. | C-Arm | : – |
| OT Nurse | : Jamuna | Arthroscopy | : – |
| Name of Surgery | : MTP & Steriligation. | Laproscopy | : – |
| | | Sevoflurane / Isoflurane | : – |
| | | Inj. Fentanyl | : – |
| | | Others | : – |

## MONITOR

| Date | Start | Date | Disconnect |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

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## ALPHA BED / SCD PUMP

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## VENTILATOR

| Date | Start | Date | Disconnect |
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## OPERATION THEA TRE

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|---|---|---|---|
| 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 |
|---|---|
| 11/7/24. | Biopsy : |

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

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| 28/7/24 | ECG. | | |
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
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| Dr. Narmadha | 11/7/24 | 12/7/24. | | | | | |
| | ② ① | 1 | | | | | |

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

Other Procedures : (specify) :-

D.O.A : 11/7/24.

D.O.D. 12/7/24

Admission Officer :

Sister In-charge