



BILLING CARD

Patient Name Mr S. Kanaka.

D.O.A. 10/7/24 Time 4.15 pm

IP No. 1PE2024 000179

Room No. U-24

Rent Per Day 1400 / Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/7/24	4.15 pm	OP	ward	Thiy
11/7/24	9.30 am	ward	OT	Dej
11/7/24	11.00 am	OT	ward	Dej

OPERATION THEA TRE

Date	: 10/7/24	OT No.	:
Surgeon	: Dr. Narmadha	Start Time	: 9.30 am
I Asst. Surgeon	:	End Time	: 10.15 am
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Thirumalai raja (4500)	9-Arm	:
OT Nurse	: S/N. Jambura rani	Arthroscopy	:
Name of Surgery	: LSCS	Laproscopey	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	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

11/7/24 Biopsy ,

14/7/24 CBC / urine routine

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

11/7/24

ECG, ECHO

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER dressing

13/7/24

1

15/7/24

1

