



## BILLING CARD

Patient Name Mrs. PriyaD.O.A. 3/5/24 Time \_\_\_\_\_

IP No. \_\_\_\_\_

Room No. \_\_\_\_\_

Rent Per Day \_\_\_\_\_

### TRANSFER DET AILS

Date	Time	From	To	Sister Signature
03/05/2024	12:00 PM	EMR	ICU	
04/5/2024	12:00 PM	<del>EMR</del> ICU	ward	E. Lakshmi

### 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	Date	Start	Date	Disconnect
03/05/2024	12:00 PM	04/5/24	12:00 PM				

### INFUSION PUMP

### OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
03/05/24	12:00 PM	04/5/24	8:00 am				

### SYRINGE PUMP

### ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

### VENTILATOR



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

3/5/24  
3/15/24

Xray chest AP, B CA.  
CT scan cervical spine

ER

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

4/15/24

①

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. PARTHIBAN	03/05/24 I	04/05/24 I	05/05/24 ①				
DR. PARTHASARATHI	03/05/24 I	04/05/24 I					
DR. JAYID	03/05/24 I	<del>04/05/24</del>					
DR. KANNAMMAL	3/5/24						
DR. SARAVANAN	04/05/24 I	05/05/24 ①					

PHARMACY

AMBULANCE

OT DRUGS REPLACED :  
BILL CLEARED :  
RETURNS CHECKED :

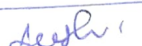
Other Procedures : (specify) :-

D.O.A; 3/5/24

D.O.D; 5/5/24

Admission Officer :



  
Sister In-charge