BILLING CARD

Patient Name Mrs. Anupuya. R D.O.A. 7/4/24 Time 08:20 am

IP No. 2024000516

Room No. 208 Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/4/24	9 AM	Casualty	2nd floor	P.vinodhini
7/4/24	11.15am	2nd floor	OT	by 7/4/24
7/4/24	01.45PM	OT	1st floor	G. Bhuvana

OPERATION THEA TRE

Date	: 7/4/24	OT No.	: II
Surgeon	: Dr. Sivasakthi	Start Time	: 12.00 PM (1 hr 30 minutes)
I Asst. Surgeon	: —	End Time	: 1.30 PM
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: Used for 30mits
Anaesthetist	: Dr. Vinoth	C-Arm	: —
OT Nurse	: S/N Ramya	Arthroscopy	: —
Name of Surgery	: VSA	Laproscopy	: Used for 1 hours
Lap (D) overiyan cystectomy		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
7/4/24	Biopsy (20240187)
8-4-	HB (Repeated) (479)

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

7/4/24	Xray Chest	(ERKU20240 1103)	OP paid 09/04/24.

CBG

7/4/24			
Cash	(4995)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Dr. Sivasakthi (own case)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sivasakthi	8.4.24	9.4.24					
			Verified				
			A.Sr.				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Amount: 9092 BILL CLEARED : Due : 4678 RETURNS CHECKED :	

Other Procedures : (specify) :-

verified by
L. Nithya 222
9.4.24 12.50

Admission Officer :

Sister In-charge