HHC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	7/4/24	8/4/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 1968 /-	
BILL CLEARED :	
RETURNS CHECKED : No due	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mr. Krishnan. T D.O.A 7/4/24 Time 09:30 a.m.

IP No. 2024000517

Room No. G1W1H Rent Per Day 1000 /-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/4/24	10:40am	casualty	G1W	

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

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	:

LABORATORY

Date	
7/4/24	CBC, RFT, LFT, S. electrolyte. CERKU202401106)

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

7/4/24	CT - brain (CERKU202401105)		
	ECG CERKU202401106)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER