Ref:- Dr. Smitha (Mayiladuthurai)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	12/4/24	134.					

Vacated
A.O.

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 546 /-	
BILL CLEARED :	
RETURNS CHECKED : No due	

Other Procedures : (specify) :-

12/4/24 1 unit PRBC transfusion done (1) 13/4/24

12/4/24 1 unit PRBC transfusion done (2)

Billing and closed. 13.4. at 1.30pm.

Admission Officer :

Sister In-charge

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Mrs. M. Mengg D.O.A. 11/4/24 Time 23:15 pm

IP No. 2024000529

Room No. 007 Rent Per Day 2000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/4/2024	11 30 pm	Casuality	2nd floor	SIN Kavitha

OPERATION THEATRE

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				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	:

LABORATORY

Date	
11/4/24	Hb, TFT, PS, Reticulocyte count (op paid) Rs
13/4/24	Hb (4.96) 2P Rs

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

11/4/24	ECG (op paid)		
13.4.	Echo Screening (op paid)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER