

**BILLING CARD**

Patient Name **Mr. SRIRAMULU NAIDU G**
 74 / Male / MHM202404460
 IP No. **25/05/2024/TPM2024000425**
 Room No. **Dr. ARAVINDH**

D.O.A. **25/5/24** Time **2:30 p.m**

Rent Per Day **4000 / -**

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/5/24	5:45 pm	ER	IIIrd Floor (308)	For 3198
26/5/24	9 pm	308 (3rd floor)	302 (3rd floor)	H. Beelans

OPERATION THEA TRE

Date :	OT No. :
Surgeon :	Start Time :
Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
25/5/24	11:50 PM	29/5/24	9 am				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				25/5/24	11:50 PM	29/5/24	8 pm

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
26/5/24	CBC, RFT, PT/INR, Sr. homostein levels. (3693)
	Blood C/S (3694) Urine C/S (3695)
27/5/24	Urine P/A (3692) CBC, RFT (3707)
28/5/24	CBC, RFT (3722)
29/5/24	CBC, RFT (3753)

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

26/5/24	MRI Brain & MRV and MRV done (3692)	golden scan.
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CBG**CBG**

25/5/24	1 (3684)	
26/5/24	2 (3696) + 2 (3708)	
27/5/24	1 (3720) + 2 (3726)	
28/5/24	1 + (3720) + 2 (3754)	
29/5/24	2 + (3754) ① (	)

Date _____

PHYSIOTHERAPY

6006-Perisist.

26/5/24	3:45 PM
27/5/24	11:30 AM - 5:30 PM
28/5/24	5:30 PM
29/5/24	11:30 AM

NEBULIZER

NEBULIZER

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