



# BILLING CARD

 Patient Name MR. MANDHARAN C

 D.O.A. 20/5/24 Time 16:00 PM

 IP No. 2024000703

 Room No. 610/1N

 Rent Per Day 1000

## TRANSFER DET AILS

| Date    | Time    | From      | To              | Sister Signature |
|---------|---------|-----------|-----------------|------------------|
| 20/5/24 | 8pm     | Casualty. | Emergency Ward. | S. N. Durga.     |
| 20/5/24 | 11:05pm | 610       | OT              | Karthika.        |
|         |         |           |                 |                  |
|         |         |           |                 |                  |
|         |         |           |                 |                  |
|         |         |           |                 |                  |

## OPERATION THEA TRE

|                   |                        |                          |                              |
|-------------------|------------------------|--------------------------|------------------------------|
| Date              | : 20/5/24              | OT No.                   | : 11                         |
| Surgeon           | : Dr. Vinodhwaran. M.  | Start Time               | : 11:15 PM                   |
| I Asst. Surgeon   | : -                    | End Time                 | : 12:30 AM                   |
| II Asst. Surgeon  | : -                    | Dis. Pack                | : -                          |
| III Asst. Surgeon | : -                    | Diathermy                | : 10 min.                    |
| Anaesthetist      | : Dr. Vinodh Kumar. MD | C-Arm                    | : -                          |
| OT Nurse          | : Kavitha              | Arthroscopy              | : -                          |
| Name of Surgery   | : Ray's Amputation of  | Laproscopy               | : -                          |
|                   | (Rt) 1st 2nd toe w/    | Sevoflurane / Isoflurane | : -                          |
|                   | Block                  | Inj. Fentanyl            | : -                          |
|                   |                        | Others                   | : O <sub>2</sub> 1/2 hourly. |

## MONITOR

## INFUSION PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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## ALPHA BED / SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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|      |       |      |            |      |       |      |            |



[illegible]

Date \_\_\_\_\_

## LABORATORY

|          |                                                                       |
|----------|-----------------------------------------------------------------------|
| 20/5/24. | CBC, RBS, RFT, & Electrolytes BT CT, Coagulation profile<br>(op paid) |
| 20/5/24  | corology (202406741)                                                  |
| 21/5/24  | Blood $\leftarrow$ 7 (6738) PPBS (2406740)                            |



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

22/5/24 ECG cop paid 2

CBG

CBG

20/5/24 CB4 (M)

21/5/24 CB4 (M)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER



[illegible]

## AMBULANCE

OT DRUGS REPLACED : Total : 7345  
BILL CLEARED : due : 4034  
RETURNS CHECKED :

Other Procedures : (specify) :-

Admission Officer

Sister In-charge