CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheshwaran	15/4/24 3:45pm						

Verified

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: ~~188~~ 1853	
BILL CLEARED : NO: Dues	
RETURNS CHECKED : Dr.	

Other Procedures : (specify) :-

Verified by

Admission Officer

Sister In-charge

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Baby. Pudhee Iswaran. A D.O.A: 15/4/24 Time: 12:15am

IP No: 0021000541

Room No.: G/W 114 Rent Per Day: 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/4/24	1:00am	casualty	G/W	

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				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	:

Date	LABORATORY
15/11/24	CBC, CRP: CRP KB202401791.

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			