BILLING CARD

Patient Name D. Shiny Susan; 2/F D.O.A. 15/4/24 Time

IP No. 120

Room No. Single room non AC Rent Per Day 3000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/4/24	5 PM	OPD	103 Room	Ash
16/4/24	10:45 AM	R-103	to OT	Ash
16/4/24	12 pm	OT	SICU	mani (0003)
16/4/24	5:00pm	SICU	R-103	mani 0069

OPERATION THEA TRE

Date	:	16/4/24	OT No.	:	I
Surgeon	:	Dr. Suryaprasad	Start Time	:	11 AM
I Asst. Surgeon	:		End Time	:	11:50 AM
II Asst. Surgeon	:		Dis. Pack	:	Nil
III Asst. Surgeon	:		Diathermy	:	Nil
Anaesthetist	:	Dr. Sandeep	C-Arm	:	11:15 Am to 11:45 AM
OT Nurse	:	padma.	Arthroscopy	:	
Name of Surgery	:	(R) Tibia Elastic nail	Laproscopy	:	Nil
			Sevoflurane / Isoflurane	:	Nil
			Inj. Fentanyl	:	
			Others	:	

MONITOR

Date	Start	Date	Disconnect
16/4/24	12 pm	16/4/24	5:00pm

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	:

Date	LABORATORY

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. N. S. Prasad.	16/4/24	17/4/24	18/4/24	19/4/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : 1088 CONSUMABLE 1007 MED cleared.	
RETURNS CHECKED : 2095 TBs	

Other Procedures : (specify) :-

Admission Officer :

Jr. Rathna TS 82

P. Vardhini (0090)
Sister In-charge