BILLING CARD

Patient Name Mrs.THENMOZHI A
37/Female/MHM202404527
17/04/2024/IPM2024000290
Dr.BALAMURUGAN.S

D.O.A. 17.4.23 Time 11.15 A m

IP No. _____

Room No. _

Rent Per Day 4000 /-

TRANSFER DET AILS

Date	Time	m	To	Sister Signature
17/4/24	12.40pm	ER	1st floor III	Sr. Kani
17/4/24	9.30pm	Ist floor	OT	Rmohanapriya
17/4/24	11.50pm.	OT	4th FLOOR ICU.	Shifi 3169.
18/4/24	1.20am	ICU	Ist floor III	RMOhanapriya

OPERATION THEA TRE

Date	: 17/4/24.	OT No.	: OT-1
Surgeon	: DR. BALAMURUGAN	Start Time	: 10.30 pm.
I Asst. Surgeon	:	End Time	: 11.30 pm.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SRINIVASA RAMANAN 3500	C-Arm	:
OT Nurse	: VASANTHA	Arthroscopy	:
Name of Surgery	: LAP. CHOLECYSTECTOMY.	Laproscopy	:
	↓ GA	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1 AMP USED.
		Others	:

MONITOR

Date	Start	Date	Disconnect
18/4/24	12am	18/4/24	1.20am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
18/4/24	12am	18/4/24	1.20am

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
17/4/24	GALL BLADDER SPECIMEN SEND TO MAIN MEDWAY HOLPITAL (2664)

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

CBG

17/4/20 H (2655)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Ramanan (Anesthetist)	17/4/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

OT Clearance