BILLING CARD

Patient Name: Mr.MUTHIAH PL
85/Male/MHM202404533
17/04/2024/IPM2024000298
IP No. _____ Dr.P SHANMUGA SUNDARAM
Room No. _____

H. D.O.A. 17/4/24 Time 6.20pm

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/4/24	8.40pm	ER	3rd Floor/309	Thulga

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

Date	Start	Date	Disconnect

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
17/4/24	CBC, RFT, LFT, Lipid profile, BT, CT PT, APTT INR, Blood grouping & typing (2643) viral serology Elisa (2645) HBA1C (2644)

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

17/4/24	CXR (2647)	pelvis AP view / Knee LAT (2648 Joint ①
	ECG (2646)	

CBG

11/4/24	2 (2671)	
12/4/24	2 (2672)	

CBG

PHYSIOTHERAPY

Rs. 600 Y. per Session

Date	
17/9/24	8:30pm

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Shanmuga sundaram.							
Dr. Elango	18/04						

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

Other Procedures : (specify) :-

18/4/24 Blood Received 1 units PRPC in medway Blood Bank. by Krishnan 3022

Blood transfusion done.

Admission Officer : 3224

Sister In-charge