

**BILLING CARD**

Patient Name Mrs. Jayamani
IP No. PPE 202400100
Room No. (919)

Mrs. JAYAMANI

37 / Female / MHE202421027

02/06/2024 / IPE2024000100

Dr. PARTHIBAN DURAISAMY

D.O.A. 02/06/24 Time 7-26pmRent Per Day 1400/day**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
02/06/24	6:50 PM	OP	EMR	
3/6/24	3:00 PM	WARD	ICU	
3/6/24	4:45 PM	ICU	OT	
3/6/24	7:45 PM	OT	ICU	
4/6/24	12:00 PM	ICU	Ward	

OPERATION THEA TRE

Date	: 3/6/24	OT No.	:
Surgeon	: Dr. Mohan	Start Time	: 4:45 PM
Asst. Surgeon	:	End Time	: 7:45 PM
Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: Yes
Anaesthetist	: Dr. Ramya	C-Arm	: Yes
OT Nurse	: Jamuna	Arthroscopy	:
Name of Surgery	: ORIF 7 Plating	Laproscope	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/6/24	3:30 PM	4/6/24	12:00 PM				

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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 :	Laprosopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

Date	
02/06/24	CBC, RFT, Electrolyte, PRC
3/6/24	BT/CT, LFT, Blood group RH, serology,
4/6/24	HB-

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

02/06/24	X-ray Shoulder AP view
3/6/24	Chest AP view ECG
3/6/24	CT-Brain
04/6/24	CT-Brain
04/6/24	X-Ray (R) Shoulder AP

CBG

CBG

Date

PHYSIOTHERAPY

5/6/24	1st visit
6/6/24	1st visit

NEBULIZER

NEBULIZER Dressing
6/6/24 ①
8/6/24 ②

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