BILLING CARD

Patient Name Mr. Pushparaj. P D.O.A. 21/4/24 Time 06.30pm

IP No. 2024000572

Room No. CJW/M Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/4/24	9.50 PM	casualty	G-ward	Sayala

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
21/4/24	CBC, RBS, RPT, ~~S. electrolytes~~, BT, CT, Blood Grow typ Serology: (2024, 25288)

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

21/4/24	- ECG & X-ray Chest (20245288)		
21/4/24	CECT ABDOMEN (OP) Saw		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

Ref:- Mr. manohar (2000)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Praveen	21/4/24 c/w	22/4/24 c/w					
DR. vigneshwaran (MS)	22/4/24 10am						
	6:30 pm						

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total : 578/-	
BILL CLEARED	:	
RETURNS CHECKED	: No due.	

Other Procedures : (specify) :-

~~Abdomen Scan~~ - ~~Hospital ambulance~~
- ~~2000/-~~ (~~Accounts~~)

SIN Karthika
2236

22/4/2024
at 19.19 PM

Admission Officer :

Sister In-charge