

**BILLING CARD**

Patient Name

IP No.

Room No.

Mr. AVINASI GOUNDER

68 / Male / MHE202421070

25/04/2024/IPE2024000041

Dr. KANNAMMAL DURAISAMY

D.O.A. 25/4/24 Time 2^{PM}

Rent Per Day 750/day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/4/24	2pm.	BMR	Ward	Ananthi
25/4/24	2:45pm	Ward	OT	Ananthi
25/4/24	4pm	OT	Ward	Ellavarani

OPERATION THEA TRE

Date	: 25/4/24	OT No.	: II OT
Surgeon	: DR prasanth	Start Time	: 9.50 PM
I Asst. Surgeon	:	End Time	: 4 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: ✓
Anaesthetist	: DR Mayilvahan	C-Arm	:
OT Nurse	: S. Jaganmuni	Arthroscopy	:
Name of Surgery	: ORIF Zygomatic bone #	Laprosopy	:
	: orbit right side	Sevoflurane / Isoflurane	: ✓
		Inj. Fentanyl	: ✓ 1amp
		Others	:

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

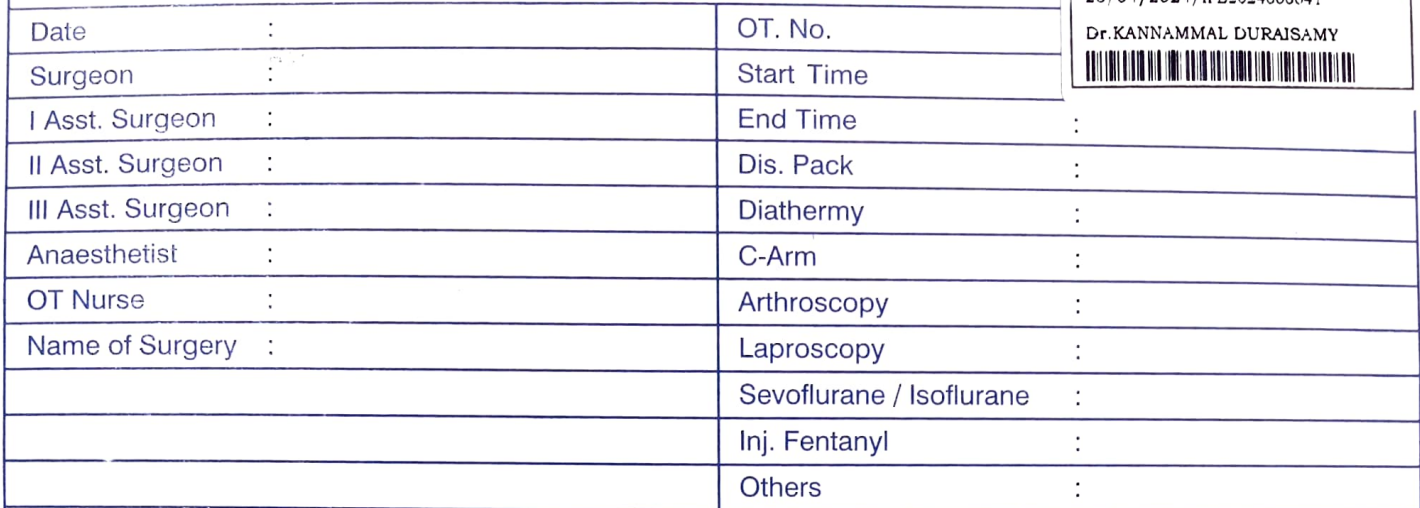
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

Dr.KANNAMMAL DURAISAMY



LABORATORY

CBC, RBS, urea, Creatinine, S. Electrolytes, PTNR APTT, B. Group, Rh
BT, CT, / FSR / Serology, APTT

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / P/O

Mr. AVINASI GOUNDER

68 / Male / MHE202421070

25/04/2024/IPE202400004:

Dr. KANNAMMAL DURAISAMY



25/4/24 CT Facial . , ECG .
25/4/24 , Xray R knee Ap/lat .
25/4/24 , Xray Rt Shoulder , chest PA .

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER - dressing

26/4
27/4
28/4
29/4
30/4
1/5/24

1+1
/
/
/
/
/
/

