MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name mr. Solaimalai . K D.O.A 29/4/24 Time 4. Pm.

IP No. IP2024000600

Room No. ·213/1 Rent Per Day 1500

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
29/4/24	2:30pm	[illegible]	2nd floor	[illegible]

OPERATION THEATRE

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				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 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	:

OP Re

Date	LABORATORY
29/4/24	CBC, RFT, Electrolytes, RBS (20240203b)

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

29/4/24	ECG (OPKB2024020236)	30/04/24	OP Read

CBG				CBG			
29/4/24	CBG	(2024020236) OP Read.					
	CBG —	(5604.)	IP Read				
30/4/24							
12Am							
4am	(5604) IP Read						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Ref : FD

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jeyaneeraam [ER) visit's	29/4/24.						
	8pm(w).						
		verified AB					

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	Total : 799 /-	medway to Thiruvidaimaruth
BILL CLEARED :		Pick up (OTH) call Ambu
RETURNS CHECKED :	No due	

Other Procedures : (specify) :-

verified by
B. Flavini
1:5 pm 30/4/24

Admission Officer :

Sister In-charge