

**BILLING CARD**

Patient Name

IP No.

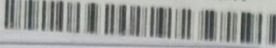
Room No.

Mrs. LALITHA

34/Female/MHE202421102

29/04/2024/IPE2024000050

Dr. PARTHIBAN DURAISAMY

D.O.A. 29/4/24 Time _____

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/4/24	11.00pm	EMR	ICU	
30/4/24	4.00pm	ICU	WARD	

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

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
29/4/24	11.00pm	30/4/24	4.00pm				

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 :

LABORATORY

29/4/24 CBC, urine R/E, 18z Electrolyte, VPT

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

29/4/24 Chest x Ray

CBG

CBG

29/4/24 GRBS - (1)
30/4/24 GRBS - (1)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]