BILLING CARD

Patient Name: Mr.PRAVEEN KUMAR P
18/Male/MHM202404674
30/04/2024/IPM2024000339
IP No. _____ Dr.SARALA
Room No. __

D.O.A. 30/4/24 Time 1.40 pm

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/4/24		ER	3rd Floor. (309)	Trilga (3161)
30/4/24	5.45 pm	IIIrd Floor to	OT	P. Rubbi 3205
30/4/24.	8.30pm.	OT	3rd Floor.	SIN Sangeeta.

OPERATION THEA TRE

Date	: 30/4/24	OT No.	: 01
Surgeon	: DR. ARAVIND.	Start Time	: 7.00 PM
I Asst. Surgeon	:	End Time	: 8.00PM.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: Uble
Anaesthetist	: DR. PALVI PRAVEEN	C-Arm	:
OT Nurse	: MAITHILI	Arthroscopy	:
Name of Surgery	: LAP- APPENDECTOMY.	Laproscopy	: ULED.
	↓ GA	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1 AMP ULED.
		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
30/4/24	DT, ~~BT~~ R (3008)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sarala	30/4/24	1/5/24					
Dr. Vaishnavi	30/4/24						
Dr. Amruth	1/5/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 10221/-	
BILL CLEARED : Refund. 1290/-	
RETURNS CHECKED :	

Other Procedures : (specify) :-

OT Clearance 3202

Admission Officer : 3204

Sister In-charge