BILLING CARD

Mr.SARAVANAN D
29/Male/MHM202404716
03/05/2024/IPM2024000347
Dr.BALAMURUGAN.S

Patient Name _____ D.O.A. 03-05-24 Time 1.00pm

IP No. _____

Room No. 309 Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/5/24	8.45pm	ER	309 floor	SIN Asha 3/5/24
3/5/24	10.15pm	3rd floor	OT	Asha 3/5/24
3/5/24	11.45pm.	OT	3rd floor	Shifi 3/5/24

OPERATION THEA TRE

Date	: 3/5/24	OT No.	: OT-1
Surgeon	: DR. BALAMURUGAN	Start Time	: 10.45 Pm
I Asst. Surgeon	:	End Time	: 11.45 Pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: VLED
Anaesthetist	:	C-Arm	:
OT Nurse	: MAITHILI	Arthroscopy	:
Name of Surgery	: HAEMORRHOIDECTOMY / FISTULECTOMY / CIRCUMCISION / LSA	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

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. Balamurugan	3/5/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Rs. 5194.00	
BILL CLEARED :	
RETURNS CHECKED : 3.29pm 4/5/24	

Other Procedures : (specify) :-

OT Clearance 3/5

Admission Officer : 3/5

Sister In-charge