BILLING CARD

Mr.ARUL
18/Male/MHE202421137
04/05/2024/IPE2024000060
Dr.KANNAMMAL DURAISAMY

Patient Name _____ D.O.A. 4/5/24 Time 11:17Am

IP No. _____

Room No. _____ Rent Per Day 925 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/5/24	12:30pm	EMR	Ward	Thamarai.

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	:

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
04/05/24	Blood Group Rh type, Sr. Electrolytes, LFT, urine R/E, CBC
05/05/24	CBC
06/05/24	CBC.
07/05/24	CBC
08/05/24	CBC
09/05/24	CBC

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. kannammal.	4/5/24 ①	5/5/24 ①	6/5/24 ①	7/5 ①	8/5 ①	9/5 ①	
Dr. suganthi	8/5/24 ①						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

4/5/24 D.O.A 12.30am

9/5/24 D.O.D 2PM

Admission Officer :

Sister In-charge