BILLING CARD

Patient Name Mast. S. K. Advik D.O.A. 6/5/24 Time 20:15 pm

IP No. 2024000643

Room No. 215 Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/5/24	20:40	Casualty	Onward	

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
6/5/24.	CBC, CRP (20240823)
7/5/24	ASO titer, RA Factor, ESR, (20240574)
	Throat swab c/s (20241)
	Primegen

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Mahusuran.	6/5/24.	7/5/24	8/5/24	9/5/24	10/5		
	10.30pm	10.00AM	3.15pm	12.4pm	9AM		
					6pm		
		6.30 pm	9pm	9pm			

Verified

A.O.

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: V. Jeyam.	
BILL CLEARED	: No due.	
RETURNS CHECKED	: Tot:- 2151/-	

Other Procedures : (specify) :-

Admission Officer :

10/5/24 9.50

Sister In-charge