BILLING CARD

Patient Name

Mrs. AMIYATHAL
53/Female/MHE202421159
07/05/2024/IPE202400066
Dr PARTHIBAN DURAISAMY

IP No. _____

Room No. _____

D.O.A. 7/5/24 Time 3:36 PM

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/5/24	4.30pm	EMR	ward.	Jasothai.

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
7/5/24	CBC, ESR, RBS, Urea Creatinine, Electrolytes, HIV, HbsAg.
8/5/24	FBS, PPBS, Lipid Profile.

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

7/5/24	CT Brain & facial Bone.	OP paid	
	X-Ray (R) forearm AP, Lat		
	X-Ray Chest PA view		
	ECG, X-ray Hand AP/Lat	→ IP.	
8/5/24	Forearm AP/lat.		

CBG

7/5/24							

CBG

PHYSIOTHERAPY

Date	
8/05/24	(1) - visit
9/5/24	(1) - visit

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Parthiban.	7/5/24 ①	8/5/24 ①	9/5/24 ①	10/5/24 ①			
Dr. Dinesh	7/5/24 ①						

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

Other Procedures : (specify) : 7/5/24 POP Done by Dr. Dinesh. SR. in EMR.

D.O.A : 7/5/23

D.O.D : 10/5/23

Admission Officer :

Sister In-charge