BILLING CARD

Patient Name Master. PRAGADEESH.S D.O.A. 7/5/24 Time 6:00PM

IP No. 2024000645

Room No. 208 Rent Per Day 2000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/5/24	3:15PM	casualty	2nd floor	Sarala

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
11/5/24	RFT, SR. Electrolytes (OP paid) 10/05/24

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Prof: Dr. MANIVANDAN

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheswaran	8/5/24	09/05/24	10/5/24				
	2pm	12pm	9AM				
	9pm	9pm					

Verified

PHARMACY

OT DRUGS REPLACED : V. Jeyaram.

BILL CLEARED : No due.

RETURNS CHECKED : TOT: 1419/-

AMBULANCE

Other Procedures : (specify) :-

verified by
B. Harini
10/5/24

Admission Officer :

Sister In-charge