BILLING CARD

Patient Name Master - ShafeeR. D.O.A. 2/5/24 Time 10.00AM

IP No. 2024000649

Room No. G1/W/FM Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/5/24	10.30 AM	10.30 AM	General Geo.	R. Vinod...

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				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	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
8/5/24	CBC, Electrolyte, CRP (opposite)

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

8/5/24	xray chest (Op paid)	1	100

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Dr. MANIVANAN

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. maheshwaran	8/5/24 3.30pm	7/5/24 12.45pm	10/5 8.00AM 6pm				
	9pm	9pm					
DR. Ravichandaran		9/5/24 5.00pm					
DR. Arul Selvam		9/5/24 4.pm					

Verified

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jayadevi.	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot:- 2687/-	

Other Procedures : (specify) :-

Admission Officer

10/5/24

Sister In-charge