BILLING CARD

Patient Name Mrs. P. Kanimozhi D.O.A. 9/5/24 Time 9:00 AM

IP No. 902400065

Room No. G/w-E Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/5/24	10 AM	Casualty	G/w	Pavinodhini
11	10-30 pm	G-w	L. Room.	Meena. 2164
10/5/24	12-10 Am	L. Room	G-w.	Meena

OPERATION THEA TRE

Date	9/5/24	OT No.	: Lowerd L. Room
Surgeon	: Dr. Anand 1040	Start Time	: 11-15 pm
I Asst. Surgeon	: —	End Time	: 11-50 pm 45 mins
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: —	C-Arm	: —
OT Nurse	: S/N Meena (OT/W)	Arthroscopy	: —
Name of Surgery	: Curettage.	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
16/5/24	CBC. [20240616122] T/23

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

BILLING CARD

Patient Name Mrs. P. Kanimozhi D.O.A. 9/5/24 Time 9:00 AM

IP No. 902400065 4

Room No. G/w-F Rent Per Day 1000/-

TRANSFER DET AILS

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11	10.30 pm	G.w	L. Room.	Meena. 2164
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OPERATION THEA TRE

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Surgeon	: Dr. Anand 1040	Start Time	: 11.15 pm
I Asst. Surgeon	: -	End Time	: 11.50 pm 45 mins
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: -	C-Arm	: -
OT Nurse	: S/N Meena (OT/W)	Arthroscopy	: -
Name of Surgery	: Curettage.	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