Mr.VETRIVEL.P
50/Male/MHV202402603
10/05/2024/IPV2024000374
Dr.K.GAYATHRI MD

BILLING CARD

12 MAY 2024

Patient Name _____ D.O.A. 10/05/24 Time 1.20 Pm

IP No. _____

Room No. Single Room A/C 303 Rent Per Day 2,200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/5/24	2pm	OP	Ward	

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
10/5/24	HBA1c, Blood Gruping, (2791) peripheral smear, Sr. Iron, Electrolytes, Gamma GT, Vit B12, Ferritin (2792)
	urine Acetone (2793)
11/5/24	FLP (2809) Sr. Folic Acid (2819) Stool occult Blood (2814),
11/5/24	Electrolytes (2807)

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

10/5/24	ECG (2791)		
10/5/24	Echo (2795) Dr. Karthikeyan		
	USG Abdomen (2796)		
	Dr. Bala vaitheswari		

CBG

10/5/24	1+1+1		
11/5/24	1+1+1		
12/5/24	1+1+1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gayathri MD	at 3.10pm 10/5/24	@11am 11/5/24					
Dr. Karthikeyan	at 5:30pm 10/5/24						

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

Other Procedures : (specify) :-

Admission Officer : S. Mad 10/5/24

S Vanisri 10/5/24
Sister In-charge