



BILLING CARD

Patient Name

Mrs. K. KUNAIYAMMAL

Date/MRE202421192

IP No. _____

10/05/2024 07:07 PM

Room No. _____

Mrs. Karunaiyammal D.O.A. 10/5/24 Time 12:50 pm

G.21. E A/c Room

Rent Per Day 925 / day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/5/24	8pm	EM12	ward.	Thamara.

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	:	Laprosocopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				14/5/24	9 pm	14/5/24	9:30 pm.
				17/5/24	3 pm	17/5/24	4 pm (Cleno Drug)

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible][illegible]

TO D/W Parkhayan

3000/- unoff. mail

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Puthiyan	11/5/24 (1)	12/5/24 (1)	14/5/24 (1)	15/5/24 (0)	16/5/24 (0)	17/5/24 (0)	18/5/24 (0)
Dr. Parakkasathiy Arud			14/5/24 (0)	15/5/24 (0)	16/5/24 (0)		
Dr. Karthik (oncologist)	14/5/24 (1) (C.A.D.)						
Dr. Suganthi	15/5/24 (1) (C.A.D.) amb 500 pmt						
Dr. Saravanan	17/5/24 (1)	18/5/24 (1)	19/5/24 (1)				
Dr. Kannammal	18/5/24 (1)	19/5/24 (0)	20/5/24 (0)	21/5/24 (0)	22/5/24 (0)	23/5/24 (0)	24/5/24 (0)
	18/5/24 (1)	19/5/24 (0)	20/5/24 (0)	(5 visits waived) (0)			

PHARMACY

AMBULANCE

OT DRUGS REPLACED :
BILL CLEARED :
RETURNS CHECKED :

Other Procedures : (specify) :-]

11/05/24 catheterization done by Bhavani

16/5/24 USG Abdomen for Johnson MRI Scan (self) (Pmt)

D.O.A.: 10/5/24 8PM

D.O.D.: 20/5/24 2PM

Admission Officer :

A. John
Sister In-charge