

**BILLING CARD**Patient Name Baby. SABARIKRISHNAAN-SD.O.A. 11/5/24 Time 11:15amIP No. 2024000665Room No. 201Rent Per Day 2000**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
11/5/24	11:15am	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	:	Laproscope	:
		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
11/5/24	CBC/CRP, Sr. electrolytes COP Acid) <i>10/05/24</i>
12/5/24	stool, Reduced substance / motion over cyst (6316)
17/5/24	C.R.P, RFT, Electrolytes (6553)

LABORATORY

CBC/CRP, Sr. electrolytes COP Acid)

stool Reduced Substance / motion over cyst (6316)

C.R.P, RFD, Electrolytes (6553)

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

16/5/24

USG Abdomen & pelvis

hospital

Ambulance ✓

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Do. MANIVANAN

[illegible]

ADW

PHARMACY

AMBULANCE

OT DRUGS REPLACED :

BILL CLEARED : TOTAL - 8481/-

RETURNS CHECKED : DUE - 178/—

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge

Verified by
2- Nithya 9225
18/5/20 at 5.30