

**BILLING CARD**Patient Name Mrs. S. SasikalaD.O.A. 11/05/24 Time 15:00pmIP No. 2004000668Room No. B/w-FRent Per Day 1000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
11/05/24	3:00pm		CLW	kauthika

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
12/5/24	Sr. potassium, urea, (creatinine (6246)
11/5/24	CBC, RFT, sr electrolyte (op paid observation)
13/5/24	urea, creatinine, sr electrolytes, TC, sr uric acid, sr calcium, sr phosphorous (202408336)
14/5/24	RFT, FBS (6364)

•

1

•

1

•

1

•

1

•

1

•

1

•

1

•

1

1

1

1

LABORATORY

So. potassium, urea, creatinine (6246)

CBE, RPT, sr electrolyte (op paid observation)

Urea, Creatinine, Sr. Electrolytes, TC, Sr. uric acid,
Sr. calcium, Sr. phosphorous (202401336)

RFT, FBS (6364)

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

12/5/24 ECG (1) (6245) ✓

CBG

CBG

12/5/24 CBG (1) 6244 ✓

" CBG (1) 6265 ✓

13/5/24 CBG - (1) 6335 ✓

(3)

~~14/5/24 PRP 7 6061~~
~~6000~~

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

mmC

Date

AC.

AMBULANCE

OT DRUGS REPLACED : Thy. me
BILL CLEARED : TOTAL - 669/-
RETURNS CHECKED : no due

13/5/24 = Catheterization done by s/n Kanitha

Sister In-charge