BILLING CARD

Mrs.GAYATHRI PRIYA
21 / Female / MHE202421205
13 05/2024/IPE202400007
Dr.P.NARMADHA

Patient Name _____ D.O.A. 13/05/24 Time 5:25 Pm.

IP No. _____

Room No. _____ Rent Per Day 1400 /Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/5/24	5 pm	RMR	OT	Kothai,
13/5/24	7.30pm	OT	ward	Usha.

OPERATION THEA TRE

Date	:	13/5/24	OT No.	:
Surgeon	:	Dr. Madhan	Start Time	: 6-40pm
I Asst. Surgeon	:	Dr. Narmadha.	End Time	: 7.15 pm
II Asst. Surgeon	:		Dis. Pack	:
III Asst. Surgeon	:		Diathermy	: ✓
Anaesthetist	:	Dr. Kanimozhi -	C-Arm	:
OT Nurse	:	Usha.	Arthroscopy	:
Name of Surgery	:	Lap (RT)	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

Mrs.GAYATHRI PRIYA
21/Female/MHE202421205
13/05/2024/IPE202400007.
Dr.P.NARMADHA

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
14/5/24	CBC, Biopsy. (cyto lab).

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

Mrs.GAYATHRI PRIYA
21 Female MHE202421205
13/05/2024/IPE2024000
Dr P NARMADHA

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER Dressing

14/5/24 (1).

13/5/24 14/8/24

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Narmadha.	(1)	(1).					

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

Other Procedures : (specify) :- Catherization Done.

D.O.A. 13.05.24

D.O.D. 14.05.24

Admission Officer : d

Mrs.GAYATHRI PRIYA
21 Female/MHE202421205
13/05/2024/IPE202400007.
Dr.P NARMADHA

Sister In-charge