BILLING CARD

Patient Name B/o. Kalyalvizhi D.O.A 14/5/24 Time 14.30.Pm

IP No. 2024000679

Room No. 202 Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/5/24	2.30pm	NICU	IInd Floor	Mij 2225

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
18/5/24	SBR, TGH, C.R.P (C 6579)
24/5/24	Blood Group & Rh type. (6664)

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

CBG

10/5/24

CBG - (2) (6408) 16/5/24

1pm - 1

7pm - 1 (6443)

10/5/24

CBG - (3) (6455)

cbg - 3 (6443)

CBG

CBG - (3) (6520)

17/05/24

11am - 1

CBG - 1 (6628)

(1)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

FD

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Mahashuram	14/5/24 @ 10.00Pm W	15/05/24 9pm W	16/5/24 @ 7.00Pm W	17/5/24 9pm W	18/5/24 5Pm W		
	9.30AM W	10Pm W	10.00Pm W	8pm W			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jayanthi BILL CLEARED : No due. RETURNS CHECKED :	

Other Procedures : (specify) :-

verified by
J. Nithya
19/5/24 at 10.3

Admission Officer : WO

Sister In-charge