BILLING CARD

Patient Name: Mrs.DHANALAKSHMI 75/Female/MHM202404843 18/05/2024/IPM2024000404 Dr.BALAMURUGAN.S

IP No. _____

Room No. _____

D.O.A. 18/5/24 Time 11:30 AM

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/05/24	12.10pm	ER	(III) IST floor	[signature] 3198
18/05/24	4.45pm	1st Floor (III)	OT	[signature] 3198
18/5/24	7.20pm	OT	3rd Floor	[signature] 3171

OPERATION THEA TRE

Date	: 18/5/24	OT No.	: 01
Surgeon	:	Start Time	: 5:30 pm
I Asst. Surgeon	: DR Balamurugan	End Time	: 7. pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: used
Anaesthetist	: DR Mohar.	C-Arm	:
OT Nurse	: Sivaranjani, Sangeetha	Arthroscopy	: Harmonic used
Name of Surgery	:	Laproscopy	: used cord used
Lap. Assisted Appendicectomy & GTD.		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1amp used
		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	BT, CT (8567)
20/05/24	CBC, RFT, (3606)

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

18/5/24	chest xray (3568)		

CBG

18/05/24	1 (3566)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. BALAMURUGAN	19/5/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill AMOUNT = ~~480~~ / 5903 + 379	
BILL CLEARED : Rs. 6302/-	
RETURNS CHECKED : 1cdy/2504	

Other Procedures : (specify) :-

OT CLEARANCE : 3202

Admission Officer : 3100

Sister In-charge