BILLING CARD

B/O.ELAVARASI. M
O/Male/MHM202404853
15/05/2024/IPM2024000395
Dr.S RAASHIDHA

Patient Name D/o Elavarasi
IP No. IPM2024000395
Room No. Cradle

D.O.A. 15/5/24 Time 7:59PM
Rent Per Day —

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/5/24	7.59pm	Labour room	1st floor ROOM NO 114	Rathi/3203

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
15/5/24	8 PM	15/5/24	9 PM

Warmer INFUSION PUMP

Date	Start	Date	Disconnect
15/5/24	8pm	15/5/24	9pm

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

		OT. No.	:
Date	:	Start Time	:
Surgeon	:	End Time	:
I Asst. Surgeon	:	Dis. Pack	:
II Asst. Surgeon	:	Diathermy	:
III Asst. Surgeon	:	C-Arm	:
Anaesthetist	:	Arthroscopy	:
OT Nurse	:	Laproscopy	:
Name of Surgery	:	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

LABORATORY

Date	

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

CBG

15/5/24	2	)	
16/5/24	2	)	
16/5/24	1	3462	
16/5/24	1	3475	

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Raashidha	15/5/24	16/5/24					

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

Other Procedures : (specify) :-

Baby Resusitation done by Dr. Raashidha at 7:39 PM 15/5/24

vaccination given by Dr Raashidha on 16/5/24

3:59

Admission Officer :

3:06.

Sister In-charge