BILLING CARD

Patient Name Mr. P. Saranraj D.O.A. 14/5/24 Time 12:15pm

IP No. 2024000691

Room No. G/w-M Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/05/24	2.00PM	casualty	G/w	Stef.

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
17/5/24	CBC, RBS, RFT, LFT, Serology, Sr. electrolyte. (6571)

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

17/5/24	CT brain. (6574) Rt shoulder & Arm AP/lat Rt Arm & elbow AP/lat Both leg AP/lat.	(6566)
18/6/24	ECG (6573)	

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: (- Mani Ambulance 2000) (Mr. Hari)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Jamuna	17/5/24	18/5/24	19/5/24				
		3pm		(3)			
DR. Alex moses	17/5/24	18.5.24					
				(2)			

PHARMACY

OT DRUGS REPLACED : Total : 1497 /-

BILL CLEARED :

RETURNS CHECKED : Due : 234 /-

AMBULANCE

Other Procedures : (specify) :-

Suturing done on 17/5/24 (casualty (12 bite clone)

verified by Kavitha 19/5/24 22:12 out

Admission Officer :

Sister In-charge