BILLING CARD

Patient Name mr. mahendran. N D.O.A 23/5/24 Time 13.20. PM

IP No. 2024000714

Room No. G/W (M) Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/5/24	2.00pm	ER	G/ward	ED2220

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
23/5/24	CBC, RBS (op paid (20240248)
23/5/24	CRP (20240684G) (LFT) 01443

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

24/5/24	X-ray Rt Foot AP/oblique		(20240b865)

CBG

24/5/24	(1) op paid (20240249)		
	CBG - (1) (6839)		
24/5/24	CBG (1) (6846)		
	CBG (1) 6880		
25/5/24	CBG (1) (6802)		
	4 pm (1) (6925)		
	4 pm (1) (6925)		
26/5/24			
	7 AM (BG (1) (6925)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

IInd floor
Ref: (Devika Staff)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	24/5/24	25/5/24	26/5/24				
Dr. Anand MS	23/5/24	24/5/24	25/5/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Thro me	
BILL CLEARED : TOTAL – 1642/–	
RETURNS CHECKED : No due/–	

Other Procedures : (specify) :-

Small Dressing done by Dr. Anandh ms (23/04/2024)

Small dressing done by Dr. Anand ms (24/5/24 6pm)
small Dressing done by Dr. Anand ms (25/5/24 9:30pm)

Admission Officer :	Sister In-charge