BILLING CARD

Patient Name Baby. Siva Deeshitar. D.O.A. 24/5/24 Time 20:30pm

IP No. 20224000

Room No. Gr/wo-m. Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

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
24/5/24	CBC, CRP, Electrolytes (20240524-97) OP paid 25/05/24

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

MRI Brain (Ambulan 2 Time) out side.

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref :- Dr. manivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. maheshwaran	24/5/24 10.00pm	25/5/24 3pm 10 pm	26/5/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Thyme	
BILL CLEARED : TOTAL – 3023/–	
RETURNS CHECKED : No due	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge

12:30 pm