BILLING CARD

Patient Name Mr. Vijayakumar. D.O.A. 28/05/24. Time 11:50 AM

IP No. 2024006786

Room No. 209. Rent Per Day 2000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
28/5/24	12 pm	Casualty	2nd floor	Arinodhini 2/6

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
28/5/24	CBC, RFT, Sr. electrolytes (V, PT, Analyse)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Ajay Sharma.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Y Jamuna	28/5/24 6pm W						
Dr. Arun Sir.	29/5/24 (W)						
				Verified			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 2041 /-	
BILL CLEARED :	
RETURNS CHECKED : Due : 1439 /-	

Other Procedures : (specify) :-

verified by
Dr. Nithya 2225
29/5/24 at 2.50

Admission Officer :

Sister In-charge