

11 JUN 2024

MH/ PRINT / 0007 / BILL / FO



Mrs. INDIRANI

65/Female/M11V202403003

06/06/2024/1PV2024000470

Patient Name Dr. K. GAYATHRI MD

IP No.



BILLING CARD

11 JUN 2024

D.O.A. 06/06/24 Time 4.00 PM

Room No. Twin Sharing Ac-317

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/6/24	4.00pm	ER	ward (317)	S/N (C) [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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
7/6/24	ECG, CT chest (3346)						
7/6/24	ECHO (3356)						
	(DR. Karthikeyan)						
8/6/24	ECG (3379)						
CBG				CBG			
8/6/24	1						
Date	PHYSIOTHERAPY						
NEBULIZER				NEBULIZER			
7/6/24	1+1						
8/6/24	1+1+1						
9/6/24	1+1+1+1						
10/6/24	1+1+1+1						
11/6/24	1+1+1+1						

[illegible]