BILLING CARD

Patient Name Mast. A. Krithvik D.O.A. 8/6/24 Time 19:00 pm

IP No. 2024000791

Room No. 2024163386 Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
08/6/24	7.50 pm	Casualty	ICU	

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
08/6/24	CBC, CRP, RFT, Sr. electrolyte (20240775) OP Reptd.

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

Ref:- Dr. manivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Maheshwaran	8/6/24	9/6/24					
mrg	—	10 am					
night	4pm	4pm					

(8) → night

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyasri.	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot:- 2730/-	

Other Procedures : (specify) :-

Admission Officer : 8

9/6/24 4.00

Sister In-charge