

**BILLING CARD**Patient Name baby - melvina - mD.O.A. 10/6/29 Time 11.15 AMIP No. 2024000800Room No. G7 (W)Rent Per Day 1000**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
10/6/29	11.15 AM	ER	G7W909	P-22

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	:	Laproscope	:
		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	
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 :

LABORATORY

CR, PR, CPL, Sr-electrolytes (op paid 202407)
(CRB20240218)

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

10/6/24 Chest xray op ped (202402795) (OPAB 2024)
 4/6/24 USG abdo men (Kalinajanslan) in om ambulance

CBG

CBG

10/6/24 CBG (7649)



Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

ref - Dr. Manivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Maheshwaran	10-6-24	11/6/24	12/6/24	13/6	14/6/24		
	1:00pm	10:45 AM	10:00 AM	10-15:00 AM	3pm		
	11pm	11pm	9pm	12:45 PM			

PHARMACY

AMBULANCE

OT DRUGS REPLACED : total-1593

BILL CLEARED

RETURNS CHECKED : due → no s. hut

Other Procedures : (specify) :-

~~10/10/2020~~

~~Handwritten scribbles in blue ink.~~

14/6/24 at 3.10
Verified by Mr
Shi

Admission Officer :

Sister In-charge