BILLING CARD

Patient Name: Mr.VARUN KARTHICK G S
15/Male/MHM202405228
16/06/2024/IPM2024000483
Dr.NARAYANAN.E

IP No. _____

Room No. ___

D.O.A. 16/6/24 Time 12:15 Am

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/6/24	12:40 AM	ER	309 floor (309)	Thivya.
17/6/24	12 PM	309 (general ward)	307 (Single room)	Molly/207

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
16/6/24	CBC - CRP (4233)
17/6/24	CBC, CRP, MPABC, Dengue NS1 EEFA (4256) Urine RE
18/6/24	CBC. SGPT SGOT (4270)
19/6/24	CBC. SGPT. SGOT. CRP. urea creat. Sodium. pottassium (4282)

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

18/6/24	Chest X-Ray (AP)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

6300

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Narayanan	16/6/24 (2)	17/6/24 (2)	18/6/24 (2)				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : 30/6/22

Sister ~~In-charge~~