BILLING CARD

Patient Name MR. Gunasekaran DOA 06/9/24 Time 7:20AM

IP No 2024000289

Room No 209 Rent Per Day 1400/Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
06/9/24	7:20AM	OP	ward (209)	Thi

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

Dt[illegible]	OT No
[illegible]	Start Time
I A[illegible]	End Time
II A[illegible]	Dis. Pack
III A[illegible]	Diathermy
Ana[illegible]	C Arm
OT N[illegible]	Arthroscopy
Name [illegible]	Laproscopy
	Sevoflurane / Isoflurane
	Inj. Fentanyl
	Others

Date	LABORATORY

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Nagmadha.	6/9/24						
	(1)						

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

Other Procedures : (specify) :-

D.O.A 6/9/24 7.20 am

D.O.D 6/9/24 4 PM

Dr. Lavanya

Officer

Sister In charge