

BILLING CARD


Patient Name Mr. Muthusamy.

D.O.A. 21/6/24 Time 9:29am

IP No. 2024000136

Room No. 64-23

Rent Per Day 1400 day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/6/24	9:30am	EMR.		

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

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	Inj. Fentanyl :
	Others :

Date

LABORATORY

21/6/24 Bleeding Time, ESR, HBSAOT- CARD, HIV & HCV
PT, APTT, CREATININE, UREA, BLOOD GROUP & RH
CLOTTING TIME, CBC, ELECTROLYTES

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

9116124

Thigh lateral (LEP)

2116124

polymer view

2116124

High IP VRL test
OCC - CHEST X-R

ECG - CHEST X

CBG

CBG

Date _____

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

