BILLING CARD

Patient Name Mr. Pongiyannan D.O.A. 21/6/24 Time 12.30 PM

IP No. IPE2024000137

Room No. GI-22 Rent Per Day 925/Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/6/24	12:30pm	EMR	ward	Bhavani

OPERATION THEA TRE

Date :
Surgeon :
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist :
OT Nurse :
Name of Surgery :

OT No. :
Start Time :
End Time :
Dis. Pack :
Diathermy :
C-Arm :
Arthroscopy :
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
21/6/24	CBC, Sr. Electrolytes, Ab AIC, urea, creatinine, urine R/E

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

21/6/24	ECG - ①		
22/6/24	CT Brain		

CBG

21/6/24	① + 5						
22/6/24	2 + 1						
23/6/24	1						

CBG

Date	PHYSIOTHERAPY
22/6/24	① visit

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Parthasarathy Anand	21/6/24 ①	22/6/24 ①					
Dr. parthiban		22/6/24 ①	23/6/24 ①				

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

Other Procedures : (specify) :-

D.O.A : 21/6/24

D.O.D : 23/6/24

Admission Officer :

Sister In-charge