Mrs.THAIYALNAYAKI.A
36/Female/M11V202403306
25/06/2024/IPV2024000515
Dr.PUNITHAVATHI

01 JUL 2024

BILLING CARD

01 JUL 2024

Patient Nam

D.O.A. 25/06/24 Time 4.50pm

IP No. _____

Room No. 315. Single Room AIC Rent Per Day 2200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/6/24	8-15Pm	ER	ward	Sap 0135

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 THEATRE

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**

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
30/6/24	CT. BRAIN (3702)		

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Punithavathy (Psych)	2.30pm 26/6/24	2.30PM 27/6/24	6.15pm 28/6/24	6.35PM 29/6/24	a.10am 30/6/24		
DR.SANDHOSH (NS)	2.20Am 1/7/24						

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

Other Procedures : (specify) :-

Admission Officer : [signature] 25/6/24	[signature] Sister In-charge