



BILLING CARD

Patient Name Mr. DhuraisamyD.O.A. 9/6/24 Time 1.30pmIP No. 1PE 0024 000173Room No. G-10Rent Per Day 750/day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/7/24	11:30AM	OP	EMR	<i>[Signature]</i>
9/7/24	1:30pm	EMR	ward	<i>[Signature]</i>
11/7/24	8 pm	OT	ICU	<i>[Signature]</i>
12/7/24	11:30pm	ICU	ward	<i>[Signature]</i>

OPERATION THEA TRE

Date	: 11/7/24	OT No.	: II
Surgeon	: DR Gopinath	Start Time	: 5:30 PM
I Asst. Surgeon	:	End Time	: 8 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: ✓
Anaesthetist	: DR Karimazhi	C-Arm	:
OT Nurse	: Jamunani	Arthroscopy	:
Name of Surgery	: prostate stone removal	Laprosopy	: ✓
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
11/07/24	8pm	12/07/24	11:30pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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 :

LABORATORY

[illegible]

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

10.7/24 USG Abdomen. (in outpt)

CBG

CBG

Date

PHYSIOTHERAPY

13/7/24

③ visit

NEBULIZER

NEBULIZER

