

BILLING CARD



Patient Name

 Mr. RAJISH RAGHU
 40/Male/MHM202405654
 11/07/2024 11PM2024000565

D.O.A. 11/7/24 Time 12:05 AM

IP No. _____

Dr. BALAMURUGAN.S

Rent Per Day

2500/-

Room No. _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/7/24	12:25 AM	ER	3rd floor 302	R. Mohanapriya
11/7/24	4:50 AM	3rd Floor	OT	P. 302
11/7/24	9:30 AM	OT	3rd floor	S. 3171
11/7/24	11:30 AM	TUV		3188

OPERATION THEA TRE

Date	: 11/07/24	OT No.	: 01
Surgeon	: DR. BALAMURUGAN	Start Time	: 5:30 AM
I Asst. Surgeon	: -	End Time	: 8:30 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: used
Anaesthetist	: Dr. V. P. Senthil Kumar	C-Arm	: - CO2 USED
OT Nurse	: VASANTHA, MAITHILI	Arthroscopy	: -
Name of Surgery	: LAP CHOLECYSTECTOMY	Laprosopy	: used
Under GA		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 2 Ampule used
		Others	: -

MONITOR

Date	Start	Date	Disconnect
11/7/24	9:30 am	11/7/24	11:30 am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
11/7/24	9:30 am	11/7/24	As per PC

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 :

[illegible]

[illegible]

