



Mrs. ANJALATCHI.R

41/Female/MLIV202403605

17/07/2024/IPV2024000606

Dr. KARTHKEYAN



BILLING CARD

Patient Name

IP No.

Room No.

ward

JUL 2024

20 JUL 2024

D.O.A. 17/07/24 Time 4.00 PM

Rent Per Day

1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/7/24	4:pm	ER.	ward 307	S/N 218 0128

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	Date	Start	Date	Disconnect
17/7/24	4.15pm	18/7/24	4.15pm				

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				17/7/24	1:30pm	18/7/24	1:30pm

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

19/11/24 ECG [4140]
20/11/24 ECG (4204)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]