Baby.SARVIN .C
1/Male/MHV202403618
15/07/2024 IPV2024000598
Dr.(MAJOR) SATHISH KUMAR

BILLING CARD

16 JUL 2024

Patient Name _____ D.O.A. 15/07/24 Time 11:30am

IP No. _____

Room No. Triple sharing Non A/C - 304 Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/7/24	11.30Am	Direct	304 (ward)	

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 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
15/7/24	Creatinine, Sodium, Urea, potassium, Stool Routine Analysis (4008)
16/7/24	Urine Routine Analysis (4033)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sathish Kumar (podiatrist)	15/7/24 04:30pm	16/7/24 11:20am					

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

Other Procedures : (specify) :-

15/07/2024

Admission Officer :

Sister In-charge