

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs Gnanambal. CD.O.A 27/7/24 Time 11:45pmIP No. 2021000967Room No. 202Rent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
25/7/24	12:30 am	ER	Iw	Sulbarne
27/7/24	12:30 pm	Iw	Ind J600	Sinal Jeyar

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 :

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
25/7/24	12:30 am	27/7/24	12:30 pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
25/7/24	6 pm	27/7/24	12:30 pm				

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
26/7/24	CBC, LRP, DFT, CFT, CD4, D-DIMER, RRS, ESR, PT-TNR, Urine complete, HbA1c. (OK)
26/7/24	FBS, Sr. electrolytes (9373)
27/7/24	FBS, Sr. electrolytes (9407)
28/7/24	WBC (9503) Urine complet. (9506)
30/7/24	FBS, PPBS (9596)

Surgeon

I Asst. Surgeon

II Asst. Surgeon

III Asst. Surgeon

Anaesthetist

OT Nurse

Name of Surgery :

OT. No.

Start Time

End Time

Dis. Pack

Diathermy

C-Arm

Arthroscopy

Laproscopy

Sevoflurane / Isoflurane

Inj. Fentanyl

Others

Date _____

LABORATORY

25/7/24

CBC, LRP, PT, CFT, CoA, D-DIMER, PPS, ESR,
PT-INR, urine complete, HbA1c. C

26 | 7 | 24.

FBS, Sr. electrolytes (9373)

2717124

FB: So. Elektrolyten (Quot)

28/7/24

~~work (9503)~~ ~~vine complet (9506)~~

30/7/24

FBS, PPBS (9596)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
24/7/24	CT brain + lower	ely	Col
	Chest x-ray	(9344)	
	Echo	(9344)	29/7/24 Boath Leg Ap lateral
25/7/24	MRI brain + MRA	Arms scan	own paid hospital ambulance
26/7/24	Lt shoulder x-ray	(9448)	
	Ap view		
	CT scan left shoulder		
24/7/24	car	CBG	
25/7/24	CBG	1pm (9440)	29/7/24
	6am (9322)	7pm (9454)	2pm
	1pm (9344)	28/07/24	10pm 9522
	9pm (9373)	6am -1 (9466)	
	2am (9373)	1pm (9504)	
	1pm (9321)	29/7/24	
26/7/24	9pm (9407)	7am	
Date	PHYSIOTHERAPY		
25/07/24	10:30am	limb physio	
	3:00pm	limb physio	
26/07/24	10:30am	limb physio	
	3:00pm	limb physio	
27/07/24	10:30am	limb physio	
	5:30pm	limb physio	
29/07/24	11:00am	limb physio	
	5:30pm	limb physio	
30/07/24	10:30am	limb physio	
	5:00pm	limb physio	
NEBULIZER		NEBULIZER	

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rajarajan	24/7/24 a 12:30 PM	29/7/24					
Dr. Jaiame	25/7/24 Iw	26/7/24 Iw	27/7/24 Iw	27/7/24 W 7 PM	29/7/24 (W)	29/7/24 6 PM	30/7/24 (W)
Dr. Ravichandran (Munro)	23/7/24 (Iw)	30/7/24 W					
Dr. Karthikeyan	25/7/24 Iw	26/7/24 Iw	27/7/24	28/7/24 (W)			
Dr. Vinodh Kumar	25/7/24 Iw						
Dr. Alexmose	26/7/24 Iw	27/7/24 W	29/7/24 (W)	30/7/24 (W)			
Dr. Balaprasadh	26/7/24 Iw						

AMBULANCE

3B 4B 6

cedures : (specify) :- TOTAL - 36663

24/7/19 RT investment done in ~~Capital~~ } updated
" Catheterization done in ~~Capital~~ }

verified by
K. Sen on
24/07/20

Sister In-charge