

**BILLING CARD**Patient Name Mr. ChinnasamyD.O.A. 29/7/24 Time 11.30amIP No. 1PE 2024 000210Room No. General wardRent Per Day 750/day**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
29/7/24	11.30 am	EMR	ward	Logesh

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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Date

LABORATORY

29/7/24 op routine (CBC, RBS, Urea, Creat, Cholesterol, Potassium, Sodium) Bill No - mm H/mx / DG 15202400892

30/7/24 Fasting lipid profile

29/7/24 CT brain - plain (Bill. NO :- MMH/mv) DGE 202400328

29/7/24 ECG

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]