



BILLING CARD

 Patient Name Mast. Parthiviraman.

 D.O.A. 03/08/24 Time 1000 pm

 IP No. 2024001013

 Room No. 215

 Rent Per Day 1500 / -

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
03/8/24	11:15 pm	Casualty	2nd Floor	ABY

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	
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :
Date	LABORATORY
3/8/24	CBC, RFT, Sr. electrolyte, Sr. amylase, Sr. lipase, RBS, Blood grouping (OPCB202403976) Typing
5/8/24	LFT (9864) ^{Raised} HAV-IgM ^{again complete} (9886) Meera kshilab
7/8/24	LFT, PTINR (9990) Meera kshilab

LABORATORY

CBC, PFT, Sr. electrolyte, Sr. amylase, Sr. lipase, RBS, Blood grouping (OPCB202403976)

LFT (9864)

~~HAV - IgM~~

LFT, PT/INR

(9990.)

afceprakshi G.h

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

318/24 ECG, CXR, CT-abdomen
(opk B20240 3976).

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref by Dr. Ravi Shankar.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
	4/8/24	5/8	6/8/24	07/08/24			
Dr. Vigneshwaran	5 PM	2:30 PM		4:30 PM			
Dr. Maheshwaran.	4/8/24	5/8/24	6/8/24	07/08/24			
	10:00 PM	8 PM					
		10:30 PM		3:15 PM			

PHARMACY

AMBULANCE

OT DRUGS REPLACED : *OT 1.12*
BILL CLEARED : *TOTOC-2459 /*
RETURNS CHECKED : *no dec /*

Other Procedures : (specify) :-

vorfreund b
L. Nithya
7/8/24 at 4:00

Admission Officer :

Sister In-charge