16 AUG 2024

Patient

Mr.GIDEON JOHN
37/Male/MHV202403985
09/08/2024/IPV2024000683
Dr.KATHIRAVAN

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

IP No. _____

D.O.A. 09/08/24 Time 7:30p

Room No. Single room Non A/C - 311

Rent Per Day 1400/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/8/24	7.30PM	ER	ward III	S/N [illegible]
10/8/24	3.00PM	ward	ward (AC)	S. [illegible]

OPERATION THEATRE

Date :
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 :

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 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**

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
10/8/2024	CT - L.S. SPINE (A735)		
11/8/2024	CT - PELVIS (4736)		

CBG				CBG			

Date	PHYSIOTHERAPY
10/8/24	PHYSIO - MORNING - WARD . Evening physio
12/8/24	Morning physio / Evening physio
13/8/24	Morning physio. / Evening Physio
14/8/24	Morning Physio / Evening Physio

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kathiravan (ortho)	10/8/24 7.50am	10/8/24 2.40pm	11/8/24 12.40pm	12/8/24 2pm	14/8/24 3.50pm	16/8/24 1pm	16/8/24 7.30pm

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

Other Procedures : (specify) :-

09/08/2024

Admission Officer :

S. Kavitha

Sister In-charge