BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Loganadhan D.O.A. 17/08/24 Time 10.17pm

IP No. 2024000939

Room No. 212 Rent Per Day 1400/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
17/08/24	10.20pm	EMR	212 Ward	

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

Date	Start	Date	Disconnect
17/08/24	7pm	17/08/24	10.20pm

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
17/08/24	CBC, RFT, Sr. Electrolytes
20/8/24	CBC

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

17/08/24	ECG		
17/08/24	pelvis-AP, chest-AP		
	c-Spine-AP mm H/mr	DRF 2024/01001	
18/8/24.	Xray Rt leg. & Ankle AP Lat		
	Xray Rt Ankle & Foot AP Lat.		
19/8/24	Ankle (L) A P/Lat		

CBG

17/08/24	(1)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER Dressing

18/8/24	1		
19/8/24	1+1		
20/8/24	1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. mohan kumar (Ortho)	17/08/24 (1)	18/8/24 (1+1)	20/8/24 (1)				
Dr. Parthasarathy Anand.		19/8/24 (1)	20/8/24 (1)				

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

Other Procedures : (specify) :-

→ Suturing 9 bite Dr. Anbu (CDMO)

→ Dressing Mr. Srithar. (EMR)

→ POP (1) leg (Dr. mohan kumar)
Procedure.

D.O.A : 17/8/24

D.O.D : 20/8/24

Admission Officer :

Sister In-charge