



BILLING CARD

INSURANCE

Patient Name Mrs. Geetha D

D.O.A. 21-08-24 Time 10 am

IP No. IP19024000726

Room No. 111

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/8/24	11.45 am	ER	1st floor 111	Kaari
21/8/24	6.40 pm	1st Floor.	OT	SIN Asha kumar
21/8/24	8.00 pm	OT	1st floor	Wiji 3167

OPERATION THEA TRE

Date	: 21/8/24	OT No.	: OT-I
Surgeon	: DR. BALANURUHAN	Start Time	: 7.00 AM
I Asst. Surgeon	:	End Time	: 7.30 PM.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SENTHIL KUNAR	C-Arm	:
OT Nurse	: (ANJALI)	Arthroscopy	:
Name of Surgery	: HAEMORRHOIDECTOMY.	Laproscopy	:
	↓ SA	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

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 :

Date

LABORATORY

21/8/24	HAEMORRHOIDECTOMY MAIN MEDWAY	SPECIMEN HOSPITAL	(END TO [HPE])
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RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

21/8/24 Echo done by Dr. Suresh (5959) / COP BILL PAID
 21/8/24 CXR (5958) /

CBG

CBG

21/8/24 D+2 (5956) /

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

