



BILLING CARD

Patient Name MR. Gopinathan

D.O.A. 22/08/24 Time 06.08pm

IP No. 1PE2024000253

Room No. Tcu

Rent Per Day 3500/day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/8/24	6:10pm	OP	EMR	<i>[Signature]</i>
22/8/24	8pm	EMR	Tcu	<i>[Signature]</i>

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
22/8/24	6:10pm	22/8/24	11pm	22/8/24	8pm	22/8/24	8:30pm

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
22/8/24	6:30pm	22/8/24	11pm	22/08/24	7:00pm	22/08/24	11pm
				22/08/24	9pm	22/08/24	11pm

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
22/8/24	8pm	22/8/24	11pm	22/08/24	8pm	22/08/24	11pm

OPERATION THEA TRE	
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II Asst. Surgeon :	Dis. Pack :
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Anaesthetist :	C-Arm :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

22/03/24 ECU, CT - chest,
 CT Brain, X-Ray
 chest, Plavix, D-Shoulder
 (op Bill NO' MMH/MV/DGE 002401032) - (CT)

CBG

22/8/24

①

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]