BILLING CARD

Patient Name MR. JAGADESAN D.O.A. 25/08/24 Time 7.20PM

IP No. 2024000265

Room No. MW-2 Rent Per Day 750/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/8/24	7:20pm	OP	EMR	
25/8/24	12 Am	EMR	ward	

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

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
25/8/24	CBC, LFT, Amylase, Lipase OP Bill NO: MMH/MV/DIE2424005

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

25/8/24	CT Abdomen. ECG	BILL NO: MMH/MV/OP/20240105	

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR Parthiban	26/8 ①						
DR. Parthsaathy	26/8	27/8					
Anand	①	①					
DR-Jayachandran	27/8 ①						
DR-Kannammal	26/8 ①	27/8 ①					

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

Other Procedures : (specify) :-

D.O.A 25/8/24 7.20AM

D.O.D 27/8/24 2PM

Dr. Sivaraman MS

Admission Officer :

Sister In-charge