



Master.CHEZHIAN DINESHKUM

4/Male/MHM202406607

28/08/2024/1PM2024000749

BILLING CARD

Patient Name

Dr.DHANASEKHAR K

D.O.A. 28/8/24 Time 5.15 pm

IP No.



Room No.

113

Rent Per Day

A000 / -

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
28/8/24	6:30pm	BR	3rd floor	Sanelliya 3139

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	:	Laprosopy	:
		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 :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

Date	LABORATORY
28/8/24	CBC, CRP, LFT, IgE (6095)
[A large diagonal line is drawn across the remaining rows of the table.]	

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

CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

28/8/24 1+1

29/8/24 2+



