BILLING CARD

Mr.SENTHILKUMAR
40/Male/MHM202406627
30/08/2024/IPM202400076
Dr.VAISHNAVI GANESAN

Patient Name ___

IP No. _____

Room No. _____

D.O.A. 30/8/24 Time _____

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/8/24	12 PM	ER	~~1st~~ Floor	~~Ramya~~ 3198

OPERA TION 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

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

30/8/24	Chest Xray & ECG	6170	
30/8/24	USG Abdomen	6197	By. Joseph BT.

CBG

21/9/24	CBG 1	6253	

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

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
30/8/24	TC, platlet, CRP, RFT, LFT, Blood C/s.
	urine RE, C 6170) TC (6171)
1/9/24	CBC, ~~[illegible]~~, TFT, Lipid profile, HBA1C (F200)
	FBS, PPBS, (6229)
1/9/24	pottasium (6233)
2/9/24	C

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR VAISHNAVI	30/8/24	31/8/24	2/9/24				

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

Other Procedures : (specify) :-

Admission Officer :	Sister In-charge