Mr.RAMKUMAR
46/M/Male/MHV202404473
06/09/2024/IPV2024000802
Dr.KATHIRAVAN

BILLING CARD

07 SEP 2024

Patient Name _____ D.O.A. 06/09/24 Time 4:30 PM

IP No. _____

Room No. Single Room AC - 303 Rent Per Day 2200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/9/2024	5.00pm	ER	ward 303	
6/9/24	6.15pm	ward	OT	
6/9/24	8.30PM	OT	ward	Siva 10/24

OPERATION THEA TRE

Date	: 6/9/24	OT No.	: 1
Surgeon	: Dr. Kathiravan	Start Time	: 7 pm
I Asst. Surgeon	: nil	End Time	: 8 pm
II Asst. Surgeon	: nil	Dis. Pack	: nil
III Asst. Surgeon	: nil	Diathermy	: nil
Anaesthetist	: Dr. Suresh	C-Arm	: nil
OT Nurse	: RD ORIF-E Jeeva	Arthroscopy	: nil
Name of Surgery	: RD ORIF E TBW USA	Laproscopy	: nil
		Sevoflurane / Isoflurane	: nil
		Inj. Fentanyl	: nil
		Others	: nil

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
7/9/24	Blood GROUP & RH type (5506)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
7/9/24	ⓡ Knee Joint AP/LAT (SS21)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Kathiravan (ortho)	7/9/24 8am						

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

Other Procedures : (specify) :-

Admission Officer : S. Nath 6/9/24

S. Ilam 08Hrs
Sister In-charge