BILLING CARD

Mrs.NAVANITHAM
46/Female/M11V202404525
09/09/2024/IPV2024000811
Dr.SOUNDARRAJAN

10 SEP 2024

Patient Nai

IP No. ___

D.O.A 09/09/2024 Time 11.30AM

Room No. 301- Trupti Ward non AC

Rent Per Day 1000/

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
09/09/2024	11.30pm	ER	Ward 301	SIN Sch. 0008
9/9/24	12.40pm	Ward	OT	R. Anfonio
9/9/24	2:15PM	OT	ward	Gay/118

OPERATION THEA TRE

Date	: 9/9/2024	OT No.	: 3
Surgeon	: Dr. Soundar rajan	Start Time	: 1.30pm
I Asst. Surgeon	: Nil	End Time	: 2pm
II Asst. Surgeon	: Nil	Dis. Pack	: Nil
III Asst. Surgeon	: Nil	Diathermy	: Nil
Anaesthetist	: Dr. Saranya	C-Arm	: Nil
OT Nurse	: Enarthi / Saraswathi	Arthroscopy	: Nil
Name of Surgery	: Resuturing done	Laproscopy	: Nil
JSA		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**

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

CBG

9/9/24	1+1+1		
10/9/24	1+1+1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Soundarrajan (MS)	as- 7.15pm 9/9/24	8-10am 10/9/24	10/9/24				
Dr. Vasathri (CMO)	10/9/24						

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge