

	Mr.P.VELU 50/Male/MILV202404554 10/09/2024/1PV2024000821	BILLING CARD 14 SEP 2024			D.O.A. <u>10/09/24</u> Time <u>8.00pm</u>
	Patient Name <u>Dr.K.GAYATHRI MD</u> 				
IP No. _____ Room No. <u>Single Room</u> <u>Non Ac</u>	TRANSFER DET AILS			Rent Per Day <u>1400/-</u>	

Date	Time	From	To	Sister Signature
10/9/24.	8pm	ED	WARD	Dr. E. L. / 10014.
12/9/24	5.30 pm	31b	WARD (306)	Dr. L. / 10014.

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				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	
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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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

12/9/24 Venous Doppler leg (Lt) }
 Arterial Doppler leg (Lt) } (5739)

CBG

CBG

11/9/24 1+1+1
 12/9/24 1+1+1
 13/9/24 1+1+1
 14/9/24 1+1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

