

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. P. MarigappanD.O.A. 10/9/24 Time 9:00 pmIP No. 2024001168Room No. 217Rent Per Day 2000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
10/9/24	10:00 pm	Casualty	2nd Floor	Day

OPERATION THEATRE

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:		Laproscopey	:
		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

OPERATION THEATRE	
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
10/9/24	(BCI RFT, UFT, CRP, RBS, Serology, Sr. Electrolyte, LDH dimer, ESR, HBAIC, Urine complete - cap B202404747)
12/8/24.	urine clg, urine RTE, blood clg C11586)
13/9/24	wbc, cap C11609)

LABORATORY

[illegible]

(Ref:- Raj Ambulance 2000)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jeyamuna	11/9/24 (w)	12/09/24	13/9/24	14/09/24	15/9/24	16/9/24	
Dr. Subashini Murugan	11/9/24 (w)	1pm	11Am		7.00R	2pm	
Dr. Ravichandran	11/9/24 (w)						
Dr. Asha Indaravine	12/09/24 (w)						
Dr. Alex	14/9/24 (w)						
				Verified			
				ACB			

PHARMACY

AMBULANCE

OT DRUGS REPLACED :

BILL CLEARED

RETURNS CHECKED

Paid & 18/09/21.

Other Procedures : (specify) :-

verified by
B. Florini
12-24 16/9/24

Admission Officer :

Sister In-charge