BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Palani Samy D.O.A. 50yrs Time 01:08 Am

IP No. IPE2024000308

Room No. M.W Rent Per Day 16/09/2024 750 / Day.

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
14/09/2024	9:30Pm	EMR	OT	
14/09/2024	6:30Pm	OT	ICU	Kaviya.R.

OPERATION THEATRE

Date	: 14/09/24	OT No.	: 2 ND
Surgeon	: DR. PARTHIBAN	Start Time	: 11AM
I Asst. Surgeon	: DR. SHANKAR.	End Time	: 6PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: YES
Anaesthetist	: Dr. Thirumala Raya	C-Arm	:
OT Nurse	: MS. KAVIYA.R. Rs 1500	Arthroscopy	:
Name of Surgery	: After TDS	Laproscopy	:
RETRO SIGMOID SUBOCCIPITAL CRANIOTOMY NEAR TOTAL EXCISION OF SOL.		~~Sevoflurane~~ / Isoflurane	: YES
		Inj. Fentanyl	:
BISSA : YES.		Others	: MICROSCOPE : YES

MONITOR

Date	Start	Date	Disconnect
14/9/24	6.40Pm	15/9/24	

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
14/9/24	6.40Pm	15/9/24	

SYRINGE PUMP

Date	Start	Date	Disconnect
14/9/24	6.40Pm	15/9/24	6.00AM

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
14/9/24	6.40Pm	15/9/24	

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

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

15/9/24	CT-BRAIN	15/9/24	X-ray Chest (AP)

CBG

15/9/24	(1)	14/9/24	(1)

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Parthiban (Nurse)	14/09/24						
DR. Gladson	14/9/24 (1)	15/9/24 (1)					

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

Other Procedures : (specify) :-

→ foley's catheterisation done by Mr. Giri

BLOOD TRANSFUSION DONE : 2 ⊙ (14/09/24) @ OT.

CVP CATHETERIZATION DONE : DR. THIRUMALAI RAJA. (OT).

Admission Officer :

Sister In-charge