Card Received 9.30am

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. pradeep S

D.O.A. 14.09.24 Time 10 am

IP No. IP12024000824

Room No. 303

Rent Per Day 2500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
14/9/24	11.25am	ER	IInd floor 303	RMuthamani 8240
14/9/24	2.48pm	IInd floor 303	OT	RMohana 8240
14/9/24	4.15pm	OT	IInd floor (303)	SMuthi 3169

OPERATION THEATRE

Date	: 14/9/24	OT No.	: OT-I
Surgeon	: DR. BALAMURUGAN	Start Time	: 3.00 PM
I Asst. Surgeon	:	End Time	: 4.00 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SENTHIL KUMAR.	C-Arm	:
OT Nurse	: MAITHILI / SANGAVI	Arthroscopy	:
Name of Surgery	: LAP. CHOLECYSTECTOMY U/A	Laproscopy	: LAP. UNIT USED [MEDIWAY]
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml med
		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
14/9/24	BT, CT, (6547)
14/9/24	GALL BLADDER SPECIMEN SENT TO MAIN HOSPITAL FOR HPE

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

CBG

14/9/24 @ (6566)			

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount= 9678/-	
BILL CLEARED :	
RETURNS CHECKED : 1st 7/24 12.18pm	

Other Procedures : (specify) :-

OT CLEARANCE GIVEN 3081

Admission Officer : 3052

Sister ~~In-charge~~