17 SEP 2024

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Mrs.KALAISELVI
50/Female/M11V202404665
16/09/2024/IPV2024000853
Dr.SOUNDARRAJAN

17 SEP 2024

Patient Name _____ D.O.A. 16/09/24 Time 6.30 pm

IP No. _____

Room No. T Sharing non AC Rent Per Day 1200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/9/24	6:20	ER	OT	
16/9/24	7.20pm	OT	WARD	0118.

OPERATION THEA TRE

Date	: 16/9/24	OT No.	: 3
Surgeon	: Dr. Soundar rajan	Start Time	: 7pm
I Asst. Surgeon	: Nil	End Time	: 7.15pm
II Asst. Surgeon	: Nil	Dis. Pack	: Nil
III Asst. Surgeon	: Nil	Diathermy	: Nil
Anaesthetist	: Dr Subashini	C-Arm	: Nil
OT Nurse	: Saraswathi / Preethi	Arthroscopy	: Nil
Name of Surgery	: EGD done ↓ IV sedation	Laproscopy	: Nil
		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				CBG			
16/9/21	1						
17/9/24	1+1+1+1						
	+1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gayathri MD	10:30am 17/9/24						
Dr. Soundararajan	3:30pm 17/9/24						

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

Other Procedures : (specify) :-

Admission Officer :	Sister In-charge