



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____

Baby.KAVIYAMUTHAN

D.O.A. 17/9/24 Time 6.00pm

IP No. _____

1/Male/MHM202406990

17/09/2024/PM2024000831

Room No. _____

Dr.NARAYANAN.E

Rent Per Day 4000/-



ISFER DETAILS

Date	Time	From	To	Sister Signature
16/09/24	6.40 am	BR	OT	J. V. V. / 13222
16/9/24	8.00 am	OT	2 nd Floor 111	Anitha

OPERATION THEATRE

Date	: 17.09.2024	OT No.	: 1
Surgeon	: Dr. Anirudhan. A	Start Time	: 7.00am
Asst. Surgeon	: Dr. Narayanan. E	End Time	: 7.15am
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: Used
Anaesthetist	: Dr. Vishwanath	C-Arm	:
OT Nurse	: Sangavi	Arthroscopy	:
Name of Surgery	: (L) Pv Sac Ligation	Laproscopy	:
	: Distal Sac Lay Open	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1amp used
		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 :

[illegible]

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

[illegible]

CBG	CBG
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[illegible]

Date	PHYSIOTHERAPY
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[illegible]

NEBULIZER	NEBULIZER
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[illegible]

[illegible]