Baby.ATHIVEERAN
0/Male/MHV202404679
17/09/2024/IPV202400857
Dr.SASIKALA

Patient

IP No.

BILLING CARD

19 SEP 2024

D.O.A. 17/09/24 Time 12.45 PM

Room No. Triple Sharing Non Ac- 307 C Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/9/24	12.45pm	OPD	Ward (307 C)	

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	:

MONITOR

Date	Start	Date	Disconnect
17/9/24	2pm	19/9/24	12 Noon

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
17/9/24	2pm	18/9/24	2pm.

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

~~VENTILATOR~~ HFNC

Date	Start	Date	Disconnect
17/9/24	2pm	19/9/24	12-30pm

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
11/9/24	CBC, CRP, Urea, Creatinine, Sodium, potassium (5868)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
17/9/24	X-ray (5869)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
17/9/24	1						
18/9/24	1+1+1+1+1						
	1+1+1+1						
19/9/24	1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sasikala (paediatrician)	18/9/24	19/9/24 @ 10.30 a.m.					

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

Other Procedures : (specify) :-

Admission Officer : 17/09/24	Sister In-charge