Mr.BALAMURUGAN
45/Male/MIIV202404750
21/09/2024/IPV2024060873
Dr.K.GAYATHRI MD

Patient N

BILLING CARD

26 SEP 2024

D.O.A. 21/09/24 Time 10.15 PM

IP No. _____

Room No. Triple Sharing Non A/C - 301 B Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/9/24	10:50 pm	ER	ward 301	Bala
21/9/24	11:30pm	Ward 301 A	Ward 318 A	Arul

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

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
22/9/24	CBC (6033)
23/9/24	CBC, urea, creatinine (6064)
24/9/24	CBC (6105) Blood Grouping & typing (6110)
25/9/24	platelet, PCV (6131)
26/9/24	CBC, urea, creatinine, LFT (6174)

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

24/9/24	Chest PA view (blsq)		
25/9/24	USG abdomen scan (blbo) Dr. Sriram		

CBG

22/9/24	1+1		
23/9/24	1+1		
24/9/24	1+1		
25/9/24	1+1+1		
26/9/24	1+1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gayathri (MD)	22/9/24 (Sunday) 6:30 PM	23/9/24 @ 10.10 AM	24/9/24 @ 10.20 AM	25/9/24 @ 10 AM	26/9/24 @ 4.10 PM		

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

Other Procedures : (specify) :-

Admission Officer : 22/09/24

Sister In-charge 0018