BILLING CARD

Patient Name Chila Mohamed Rayan A D.O.A. 29/9/24 Time 12:00Pm

IP No. 2024001254

Room No. OTW/M Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/9/24	12:30pm	ER	OT/Ward	PP2220.

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
29/9/24	CBC, CRP, RFT, Sr. Electrolytes Cop (uric acid) [signature] 29/09/24

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Dr. Manivanan.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Maheshwaran	29/9/24	30/9/24					
	~~10 AM~~ x						
		12 pm					
	4pm		(4)				
	9pm	11pm					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : S. Ind TOTAL - 587 BILL CLEARED : RETURNS CHECKED : no dues.	

Other Procedures : (specify) :-

Admission Officer : [signature]	30/9/24 @ [signature] Sister In-charge