BILLING CARD

Patient Name Mr. Madeshwaran D.O.A. 4/10/24 Time 9.10 am

IP No. IPE : 2024000352

Room No. 208 Rent Per Day 1400/day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/10/24	8AM	OP	EMR	Sridhar
4/10/24	10:10AM	EMR	Ward	Kokila.

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
4/10/24	9.30PM	7/10/24	10.00am

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	:

Date	LABORATORY
4/10/24	CBC, RBS, Electrolytes, urea creatinine
6/10/24	Tc

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

4/10/24	CT Brain	HMH/MV/DGE 202401400	
	chest x-ray AP		

CBG

4/10/24	①		
10/10/24	① + ①		

CBG

Date	PHYSIOTHERAPY
4/10/24	①
5/10/24	①
6/10/24	①
7/10/24	①
8/10/24	①
9/10/24	①
10/10/24	①

NEBULIZER

4/10/24	1	11/10/24	1
5/10/24	1 + 1		
6/10/24	1 + 1		
7/10/24	1 + 1		
8/10/24	1 + 1		
9/10/24	1 + 1		
10/10/24	1 + 1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Parthiban	4/10/24 ①+1	5/10/24 ①	6/10/24 ①	7/10/24 ①	8/10/24 ①	9/10/24 ①	10/9/24 ①
① visit No Fees	11/10/24 ①						

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

Other Procedures : (specify) :-

4/10/24 condom catheter (EMR) done

DOA : 4/10/24

DOD : 11/10/24

S/N : D/C

Dr. Srinivasan MS

Admission Officer :

Sister In-charge