0 9 OCT 2024

Mr.SARAVANAN
44/Male MHV202405004
07/10 2024 IPV2024000957
Dr.KATHIRAVAN

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

0 9 OCT 2024

Patient Name

D.O.A. 07/10/24 Time 5-30PM

IP No.

Room No. Triple sharing NON A/C 301B Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
07/10/24	5.30pm	ER	WARD	[illegible]
7/10/24	8.15PM	ward	OT	[illegible]
7/10/24	10.55PM	OT	ward	[illegible]

OPERATION THEATRE

Date : 7/10/2024	OT No. : 1
Surgeon : Dr-Kathiravan	Start Time : 9.10pm
I Asst. Surgeon : Dr-Prasanth	End Time : 10.40pm
II Asst. Surgeon : Nil	Dis. Pack : Nil
III Asst. Surgeon : Nil	Diathermy : Nil
Anaesthetist : Suresh / Saranya	C-Arm : used
OT Nurse : Gunakumar / Gopi	Arthroscopy : Nil
Name of Surgery : CRIF c̄ IM nailing done USA	Laproscopy : Nil
	Sevoflurane / Isoflurane : Nil
	Inj. Fentanyl : Nil
	Others : Nil

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 :

Date	LABORATORY

ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
8/10/24	~~X-Ray~~ R Leg AP/Lat (6586)		

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kathiravan (Ortho)	8/10/24 7.30am	8/10/24 9pm	9/10/24 8am	9/10/24 2pm			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : ~~1261.00~~	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Dressing done + Suturing done (1 pt) 8/10/24 at 7.30am (Dr. Kathiravan)

BJ Dressing Done 9/10/24 at 2.10pm. Dr. Kathiravan (Ortho)

Admission Officer : 07/10/24

Sister In-charge