

D.O.A - 7/10/24 5:08 PM

D.O.D - 10/10/24 4:00 PM

II floor Single Room non

BILLING CARD

(54)

Patient Name Mr. RamarajanD.O.A. 07.10.24 Time 05.08pmIP No. 2792Room No. 54Rent Per Day 1850**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>8/10/24</u>	OT No. :
Surgeon : <u>Dr. PSL</u>	Start Time : <u>5.45 am</u>
I Asst. Surgeon : -	End Time : <u>6.30 am</u>
II Asst. Surgeon : -	Dis. Pack : -
III Asst. Surgeon : -	Diathermy : -
Anaesthetist : <u>Dr. Pavikumar</u>	C-Arm : -
OT Nurse : <u>ban</u>	Arthroscopy : -
Name of Surgery : <u>Fissure in Ano</u>	Laproscopy : -
	Sevoflurane / Isoflurane : -
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine -
	Others :

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED**SCD PUMP****VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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

8/10/24

Chest PA

Dr

shy

2016

8/10/20

567

Duo

di

2550

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS