



BILLING CARD

 Patient Name Mr. Thioumougan

 D.O.A. 08/10/24 Time 5:26 PM

 IP No. IPE2024000363

 Room No. 209

 Rent Per Day 1400 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
08/10/24	2:15 PM	OP	Casualty	Kaviya, P.
08/10/24	7:30 PM	Casualty	ward	Kaviya, P.

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
08/10/24	2:15 PM	08/10/24	7:30 PM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
08/10/24	2:15 PM	08/10/24	7 PM

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

LABORATORY

LABORATORY

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

08/10/24 CT-BRAIN (PLAIN) (mmr/mv/Dec 202401459)
 10/10/24. x-ray (1) hand AP
 Oblique

CBG

CBG

08/10/24 (1)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]