

**BILLING CARD**Patient Name Mr. RamalingamD.O.A. 07.05.24 Time 10-30amIP No. IP12024000358Room No. 303Rent Per Day 2500/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
7/5/24	11.30am	ER	3rd Floor R-103	SIN KISHORE
7/5/24	5.40pm	3rd Floor	ICU	SIN KISHORE
7/5/24	7.50pm	ICU	3rd Floor (303)	SIN KISHORE

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
7/5/24	6pm	7/5/24	7pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
7/5/24	630 pm.	7/5/24	730 pm.				

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

Date	LABORATORY
7/5/24	CBC, RFT, LFT, Urine A/E (3175)
7/5/24	CEA, CA 19-9, AFP (3181) St-PSA (3182)
9/5/24	HbA1C (3216) Hb (3217)

[illegible]

7/5/24 (1) (3178)
8/5/24 (1) (3185)
9/5/24 (1) (3202) +1 ()

PHYSIOTHERAPY

NEBULIZER

