

D.T 3:15 pm 8/12/23

MH/PRINT / 0007 / BILL / FO

**BILLING CARD**Patient Name Mr. Vishvakshenath AD.O.A. 05.12.23 Time 3.00 PMIP No. IP1202300Room No. ICURent Per Day 7000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
5/12/23	2.30pm	ER	ICU	<i>[Signature]</i>

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
5/12/23	2.30pm	08/12/23	3:00pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/12/23	2.30pm	08/12/23	3:00pm				

water bed ALPHA BED / SCD-PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
7.12.23	4pm	08/12/23	3:00pm				

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LABORATORY

Date _____

~~CBC~~ | ~~CRP~~ | ~~LFT~~ | ~~RFT~~ | ~~PCT~~ (3975)
~~ABU~~ (3976)

Thyroid Profile (4009)
 (TSH) (4036) Spectrum (3010)

~~nq4 wt cer cbc Amylase Lipase Iron
 Ferritin urea Acid (4045)~~

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

6/12/23 ECG (3974)

6/12/23 CXR (3974)

7/12/23 Vg abdomen Dr. Ramesh Sm (4037.)

CBG

CBG

Date

PHYSIOTHERAPY

Rs. 700/- per session

6/12/23 2:00pm | 4:45pm

7/12/23 12:00pm | 6:20pm

8/12/23 12:30pm

NEBULIZER

NEBULIZER

6/12/23 1 + 1

7/12/23 1 + 1 + 1

8/12/23 ①

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