

MOOAM

17/12/23

MH/ PRINT / 0007 / BILL / FO

**Mr. NICHOLAS P**  
 53/Male/MHM202302855  
 15/12/2023/IPM2023001027  
 Dr. SIVAKUMAR D.K.

**BILLING CARD**

Patient Na \_\_\_\_\_ D.O.A. 15/12/23 Time 10:00pm

IP No. \_\_\_\_\_

Room No. 309 Rent Per Day 1500/-

## TRANSFER DET AILS

| Date     | Time    | From      | To              | Sister Signature |
|----------|---------|-----------|-----------------|------------------|
| 15/12/23 | 11:40pm | BP        | 3rd floor-(309) | ally (313)       |
| 16/12/23 | 4pm     | 3rd Floor | ICU             | Sandhya          |
|          |         |           |                 |                  |
|          |         |           |                 |                  |
|          |         |           |                 |                  |

## 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 |
|----------|-------|----------|------------|
| 16/12/23 | 4pm   | 17/12/23 | 10:37AM    |
|          |       |          |            |
|          |       |          |            |
|          |       |          |            |

## INFUSION PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## OXYGEN

| Date     | Start | Date     | Disconnect |
|----------|-------|----------|------------|
| 16/12/23 | 4pm   | 16/12/23 | 6pm        |
|          |       |          |            |
|          |       |          |            |
|          |       |          |            |

## SYRINGE PUMP

| Date       | Start | Date     | Disconnect |
|------------|-------|----------|------------|
| 16/12/23   | 4pm   | 17/12/23 | 10:37AM    |
| 16/12/2023 | 4pm   | 17/12/23 | 10:37AM    |
| 16/12/23   | 4pm   | 17/12/23 | 10:37AM    |
|            |       |          |            |

## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## VENTILATOR

| Date     | Start | Date     | Disconnect |
|----------|-------|----------|------------|
| 16/12/23 | 6pm   | 17/12/23 | 10:30      |
|          |       |          |            |
|          |       |          |            |
|          |       |          |            |

# 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 :                   |

Date

## LABORATORY

16/12/23

04295 CBC, ESR, RFT, Urine Acetone (04295)

17/12/23

~~CBC, CRP, Urea, Creatinine, ALT, AST, ~~ALP~~ (0327)~~  
~~NT pro-BNP (A329), Tm-T ( ), ABG (A341)~~

17/12/23

~~CBC, CRP, Sr. Electrolytes, Urea, Creatinine, ALT (A340)~~  
~~ABG (A341), wound swab c/s (A350)~~

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

16/12/23 CXR. (4290.)  
 16/12/23 CXR (4330) (bed side).  
 16/12/23 ECG (4341)  
 17/12/23 ECG (4341)  
 17/12/23 Chest X-ray R/S (4347)

CBG

CBG

15/12/23 2 (4288)  
 16/12/23 2 (4286)  
 16/12/23 2 (4330) + 1 (4349)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

17/12/23 1+1+1

[illegible]