

BILLING CARD



Patient Name

D.O.A. 26/12/23 Time 9.00 PM

IP No. IPV000127

Room No. Triple Sharing Non AC 301-A

Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/12/23	9.00pm	ER	301 A Ward	Shah.

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 :	Laprosopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	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]

27/12/23	UREA, CREATININE (0903), Urine c/s (0905)
27/12/23	PT, INR, APTT (0907) Urine protein, urine creatinine (0924)
27/12/23	ESR, CRP, uric acid Plt, LFT, (0827) Urea, (0926), creatinine (0927),
28/12/23	UREA, CREATININE, Na^+ , K^+ , PLATELET COUNT, PCV (0931)

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

27/12/23 ECG (0913)
 27/12/23 USG abdomen (0923) Dr. Dhileepan

CBG

CBG

27/12/23 1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

