

53

DOB: 17/10/24

8 - Floor ICU



BILLING CARD

Patient Name
IP No.
Room No.

Mr. MOHANASUNDARAM
73/Male/MHC202400440
13/10/2024/IPC2024002845
Dr. ARTHI / Dr. RAVIKUMAR

Cash

D.O.A. 13/10/24 Time 03:45pm

Rent Per Day 4900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
14/10/24	5pm	IW to	II nd Floor R.N.O: 53 B/C	G. Gireesh

OPERATION THEATRE

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 : 2ml 10ml/Inj. Morphine
	Others

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
13/10/24	4pm	14/10/24	4pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
13/10/24	4pm	13/10/24	5pm				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

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
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Date	LABORATORY
13/10/24	CBC, RBS, Urea, creatinin, LET, electrolyts / 8736 HBAIC
13/10/24.	Urine p/e - 2744
14/10/24	FBS - 2763
15/10/24	FBS $\Rightarrow$ 2815
15/10/24	Voire culture (2823)
16/10/24	FBS $\Rightarrow$ 2861

