# BILLING CARD

Patient Name MR. SUGUNDAR. R. D.O.A. 10/1/23 Time 06:50AM

IP No. IPKB - 2024000042

Room No. 213 Rent Per Day 1500

## TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 10/1/24 | 6.45pm | Casualty | 2nd Floor | 2164 |
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## 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 |
|---|---|---|---|
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
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## 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 |
|---|---|
| 10/1/24 | CBC, RBS, RFT, LFT, Sr. electrolytes, ESR [IPREG2024 00329.] ~~Urine complete~~ |
| 10/1/24 | calcium, HbA1c C00333 ) |

## RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER

| | | |
|---|---|---|
| 10/1/24 U | ECG | 2024050329 |
| | CT Brain | 2024050361 |
| 10/1/24 | ECG taken by Sugam hospital attends pavel hospital ambulance | |
| 10/1/24 | ECHO Screening | |

## CBG

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|---|---|---|---|
| 10/1/24 | CBG ( ) | | |

## CBG

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| Date | PHYSIOTHERAPY |
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## NEBULIZER

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## NEBULIZER

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Ref: 108 AMBULANCE

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
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| Dr. Benny | | | | | | | |
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| Dr. James | 10/1/24 IN | 11/1/24 IN | | Verified | | ACCOUNTS VERIFIED | |
| | | | | | | | |
| Dr. Pranoy (Neurologist) Phone order. | 10/1/24 IN | | | | | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : Total : 1333/- | |
| BILL CLEARED : | |
| RETURNS CHECKED : Due : 384/- | |

Other Procedures : (specify) :-

Verified by 11/1/24 2pm

Admission Officer :

Sister In-charge