BILLING CARD

Patient Name Mr. S. Kuzhanchiyappan D.O.A. 11/1/24 Time 18:00pm

IP No. 2024000054

Room No. ICU Rent Per Day 4100

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/1/24	6.pm	direct	ICU	
18/1/24	2 pm.	ICU	General ward.	

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
3 11/1/24	6.pm	14/1/24	2.30pm
4 14/1/24	2.30pm	18/1/24	2 pm.

INFUSION PUMP

Date	Start	Date	Disconnect
2			

19/1/24

OXYGEN

Date	Start	Date	Disconnect
5 13/1/24	10pm	14/1/24	3am
6 14/1/24	6am	14/1/24	12pm
1 14/1/24	1.30pm	14/1/24	2.30pm
3 14/1/24	8.30pm	14/1/24	5pm
5 14/1/24	6pm	14/1/24	11pm
3 15/1/24	12.45am	15/1/24	3.00 am

SYRINGE PUMP

Date	Start	Date	Disconnect
15			

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect
2 16/1/24	2 pm	18/1/24	2 pm.
19/1/24			

CPAP

VENTILATOR

Date	Start	Date	Disconnect
14/1/24	12. pm	14/1/24	1.30pm
14/1/24	5pm.	14/1/24	6pm.
14/1/24	11pm	15/1/24	12.45am
15/1/24	3 am	15/1/24	6.30 am

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
11/1/24	CBC, RBS, RFT, LFT, Electrolyte, C-R-P, Serology, IPH, ESR, Amylase, urine complete, D-Dimer, HbA1C (IPREQ2024003777
11/1/24	Dengue Scrub Typhus (2024003779) Blood Group & Rh Type (2024003779] PS (MP, MF) (2024003779
12/1/24 @ 1 AM	platelet, PCV, Hb (2024003780]
12/1/24 @ 6 am	RBS, Electrolytes, platelet, PCV, RFT LFT (2024003844]
12/1/24	platelet, PCV (IPREQ2024004119)
12/1/24 @ 12 am	platelet, PCV (2024004142]
13/1/24	RBS, electrolyte, platelet, PCV, SGOT, SGPT, RFT (2024004142)
12/1/24	Urine ds (2024005547] PT PCRC 2024005547
13/1/24	PT INR (IPREQ2024004854)
13/1/24 @ 7 pm	PLT, PCV (2024004977)
14/1/24 @ 1 AM	Platelet, PCV. C-2400510)
14/1/24 @ 6 am	RBS, electrolyte, LFT, RFT, platelet, PCV (2024005111)
14/1/24	CRP, CBC (IPREQ2024005544 ABG (2024005577
14/1/24	Blood culture (2024005551)
15/1/24	RBS, electrolyte, SGOT/SGPT, RFT, platelet, PCV (2024005368 ABG (2400583)
15/1/24	S. procalcitonin (2024005855)

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

11/1/24	CT chest (2024 00396)	
11/1/24	CT abdomen (2024 00396)	
11/1/24	ECG Tmt (Raised 2024 00347)	Raised.
12/1/24	Echo (MM# IM# IPRF# 2024 00437)	Raised.
14/1/24	chest xray bedside (2024 00574)	Raised.
14/1/24	HR CT Chest (2024 00574)	Raised
17/1/24	Chest X-ray (2400496)	

CBG

11/1/24	8pm (1)	2400384	15/1/24 9pm (2400562)
12/1/24	2am	(2400384)	2am (2400562)
	1pm (1)	(2400419)	1pm (2024005944)
	9pm (1)	(2024004142)	9pm (2024006101)
13/1/24	2am (1)	(2400442)	16/1/24 2am (2024006101)
	1pm	(2024004197)	16/1/24 1pm (2024006832)
	8pm	(2400505)	9pm (2024006641)
14/1/24	2am	(2400505)	17/1/24 2am (2024006641)
	1pm	(2024005[illegible])	1pm (2024003[illegible])
			9pm (2024006[illegible])

CBG

PHYSIOTHERAPY

Date	
17.1.24	11.15am Chest physio, breathing ex
	4.50pm Incentive physio / Spiron ball.
18.1.24	11.00am Incentive physiotherapy Breed Expiratory technique
	4.30pm Chest physio.
19/1/24	12.00pm DBE given.

NEBULIZER

10/1/24	11pm (1)	[illegible]	15/1/24 2pm (1)
	6am (1)		10.AM (1)
12/1/24	2pm (1)		
	9pm (1)	(1)	(1)
13/1/24	6 AM	15/1/24	19/1/24
	2 PM		
	9 PM		

NEBULIZER

Ref: Vaiyam Ambulance 9000

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR-Praveen	11/1/24	12/1/24	13/1/24	14/1/24	15/1/24 Ew	16/1/24 Ew	17/1/24 Ew
Dr-Dilipsaikash	11/1/24						
Dr-Jamuna	12/1/24	13/1/24	14/1/24 Ew	18/1/24 Ew	19/1/24 C.W	20/1/24 C.W	21/1/22 C.W
DR-Ramanujam	12/1/24						
Dr-Senthilkumar	12/1/24	13/1/24	16/1/24 Ew				
Dr-Palaniyappan	14/1/24 12-30am Ew	15/1/24 9.30 pm Ew	17/1/24 Ew				
DR. Subhashini	17/1/24 Ew						
Dr. Supraja	20/1/24						

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total : 23,638	
BILL CLEARED	: NO : Due	
RETURNS CHECKED	: P.Kala.	

Other Procedures : (specify) :-

14/1/24 · Arterial line inserted by Dr. Praveen.

14/1/24 Cauterisation Done at 7.00pm

G. Suyatha 2.30pm

Admission Officer :

Sister In-charge

BILLING CARD

Patient Name Mu. kuchanchiyappan. D.O.A. _____ Time _____

IP No. _____

Room No. _____ Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERA TION 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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
15/1/24	6.30 am	15/1/24	7.30am
15/1/24	9.30am	15/1/24	11.30 am
15/1/24	1pm	15/1/24	4 pm
15/1/24	6 pm	16/1/24	2 AM
16/1/24	6 AM	16/1/24	3pm
16/1/24	6pm	17/1/24	2 Am
17/1/24	6 AM	17/1/24	8 am.

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
C pap			
15/1/24	7.30am	15/1/24	9.30am
15/1/24	11.30am	15/1/24	1pm
15/1/24	4 pm	15/1/24	6 pm
16/1/24	2 AM	16/1/24	6 AM
16/1/24	3pm	16/1/24	6pm
17/1/24	2 Am	17/1/24	6AM

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
16/1/24	fbs, platelet, pcv, SGOT, SGPT, RFT, Electrolyte (2024006 10 , 2024006 11)
	ABG (2024006 32)
16/1/24,	Sputum dsc 2024006 32
17/1/24	fbs, electrolyte, SGOT, SGPT, RFT, platelet, pcv 2024006 41
17/1/24	CRP, Total WBC Count (2400383)
18/1/24	FBS, Electrolyte, LFT (2024006 75) RFT (2024006 80) ABG 2C 2024006 96
20/1/24	(RFT (2400383)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR Yogesh	20/1/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :	21/1/24 2226 Sister In-charge

BILLING CARD

Patient Name Mr. Kuzhanchiyappan D.O.A. 11/1/24 Time 18-00pm

IP No. 2024000054

Room No. ICU Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERATION THEA TRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
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Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
17/1/24	12-pm	18/1/24	6am.

18

14

19/1/24

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

Date :	OT. No. :
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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

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :	Sister In-charge