

BILLING CARD

Patient Name MR. PURUSHOTHAMAN

D.O.A. 16/01/24 Time 10:45pm

IP No. JPC2024000136

Room No. ICU

Rent Per Day 5700/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
17/01/24	9:15pm	ICU - I	2nd floor 59 (2)	P. PRIYANGA

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

Date	Start	Date	Disconnect
16/01/24	11pm	17/1/24	6pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

OPERATION THEATRE

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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

16/1/24 CBC, RBS, LFT, SFT, Electrolytes 100677

17/1/24 Urine complete 100687

17/01/24 LFT, Electrolytes - 0714

18/01/24 electrolytes - 0731

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

16/1/24	Chest	2	00672	done	Shogone
16/1/24	ECG	1		done	Kausi
17/1/24	USG Abd -	0718		done	Samarah

CBG

ABG

ACT

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
16/1/24	1-00687						

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
				16/01/24	Stomach weak given CCsult		