BILLING CARD

Patient Name Mrs. Nawsath begam D.O.A. 26/01/24 Time 02:15 Pm.

IP No. 2024000145

Room No. Dcw Rent Per Day 1600/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/1/24	11pm	Casualty	Dcw	SN. Subaru

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
26/1/24	10:30pm	27/1/24	10-30AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

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.	:
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
26/1/24	Electrolytes, Serology, RT, CT, CBC, RBS, PT, INR, APTT, LFT, RFT, ESR, HbA1C, Urine Complete, D dimer, CRP, (OPKB2024000359)
27/1/24	FBS, Electrolytes (2024011424)

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

26/1/24	ECG (OP 8881) [OPKB202400359] chest x-ray (IP B08501) (240144		

CBG

24/1/24 CBG - (3)	(240144)						

Date	PHYSIOTHERAPY

NEBULIZER

Ref (Arunpriya)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Balaprakash	26/1/24 IW						
				Verified AG			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyadi BILL CLEARED : No due. RETURNS CHECKED : Tot: 3298/-	

Other Procedures : (specify) :-

26/1/24. Catheterization done.

Admission Officer :

27/1/24

Sister In-charge