

**BILLING CARD**Patient Name Mrs. B. VembaD.O.A 30/1/24 Time 19:45IP No. 2024000169Room No. ICURent Per Day 1100/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
30/1/24	7 ⁴⁵ pm	Casualty	ICU	S/n ulin Rani 2230
31/1/24	2.45 PM	ICU	ICU	S/n Udaya 2120

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
30/1/24	8pm	31/1/24	2.45 PM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

30	1	24
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~~CBC, CRP, PPS, PT, APTT, D-DIMER, LDH, Sr. Electrolytes
Serology, HbA1C, ESR, Urine complete (Cp raised)
(202401385)~~

31/1/24.

~~ISS: Electrolytes (240/390)~~

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

30/1/24 ECG ECU-1 (Dr paid)

~~CT Brain~~ ~~OPK 13202400473~~
~~Chest xray~~ ~~OPK 13202400473~~

OP paid
 OPK 13202400473

31/1/24 Echo (202401413)

31/01/24 ECU (202401413)

1/2/24 MRI Brain c MRH / MPR in (Arup scan paid) in own ambulan

CBG

CBG

30/1/24 CBG (Dr paid)

2am 31/1/24 (401390)

1pm (202401413)

(3)

Date

PHYSIOTHERAPY

1.02.24 limb physio 12.30pm

5.00pm limb physio

(2)

NEBULIZER

NEBULIZER

Ref :- madhavan Ambulance 2000

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. praveen	30/1/24						
Dr. Pals prakash	31/1/24						
Dr. Jarnune	31/1/24	1/2/24					
Dr. Ravichandran	31/1/24						

PHARMACY

AMBULANCE

OT DRUGS REPLACED : V *Jeyas*

BILL CLEARED : No due.

RETURNS CHECKED : 707-8092/2

Other Procedures : (specify) :-

30/1/24 Pyles tube Done

30/1/24 catheterization Done

9/2/2024 at 10:30am.

Varified by

Admission Officer :

Sister In-charge