10:30 am 5/1/24

BILLING CARD

Patient Name: Mr.RAVINDRA BABU K
71/Male/MHM202403509
02/02/2024/IPM2024000073
Dr.SIVAKUMAR D.K.

IP No. _____

Room No. ___

D.O.A. 2/2/24 Time 8:45PM.

Rent Per Day 2500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/2/24	9.30PM.	ER.	3rd floor	SIN Rehal

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

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
2/2/24	CBC, RBT, ~~HB~~ (0639) Urine ~~complete~~ (0640)
	Dengue NS1, IgM (0643) HbA1c (0641) FBS (0642)
3/2/24	CBC (0654) FBS (0648)
3/2/24 (6pm)	CBC (0668)
4/2/24	CBC (0700)
	CBC (0732)
5/2/24	CBC, MP QBC (0743)

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

CBG

31/2/24	1 (~~0663~~)		
31/2/24	1 (~~0678~~)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Siva Kumar	2/2/24	3/2/24	4/2/24				
		2100					

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

Other Procedures : (specify) :-

5/2/24 @ 10:40a

Admission Officer : 3022

Sister In-charge (313)