BILLING CARD

Patient Name MR. MANOKARAN.C D.O.A 3/2/24 Time 4.00 AM

IP No. 2024000187

Room No. ICU Rent Per Day 400

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/2/24	4.00am	ER	ICU	RP2220

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
3/2/24	4.am	3/2/24.	12.pm.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
3/2/24	4.am.	3/2/24	6.am → 2 hrs

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	
3/2/24	CBC, CRP, ESR, RFT, RBS, LFT, S. Electrolytes, Serology, HbA1C, Urine complete	2024015224 IP Raised.
3/2/24	Calcium (2401521)	

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

3/2/24 Cas	ECG ①	Q0240152Q4	
	CT Brain - ① (Cp paid)	(OPKB2024005Q3)	
Q3/Q/Q4	X. Ray Chest ICU	(Q4015Q0)	
3/2/24	Echo	(Q240153Q)	

CBG

3/2/24 Cas	①	(Q0Q4015Q4)					
3/2/24 bam	(Q4015Q0)						

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Palaniyappan	3/2/24						
DR. Jameena	3/2/24						

Verified
AC

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Due: 341/-	
RETURNS CHECKED : Tot: 3556/-	

Other Procedures : (specify) :-

Ryles tube insertion done by casuality

Catheterization done by casuality

S/N Utayathy 3/2/24 @ 12.19pm

Admission Officer :

Sister In-charge