

Verified by
S. Starni
1:30pm 7/2/24.

BILLING CARD			
Patient Name <u>Mr. Surai</u>		D.O.A <u>4/12/24</u> Time <u>13:10pm</u>	
IP No. <u>2024000199</u>			
Room No. <u>26</u>		Rent Per Day <u>1100/-</u>	
TRANSFER DET AILS			
Date	Time	From	To
<u>4/12/24</u>	<u>1pm</u>	<u>casually</u>	<u>2nd floor</u>
<u>6/12/24</u>	<u>1pm</u>	<u>icu</u>	<u>2nd floor</u>
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	Laprosocopy		
	Sevoflurane / Isoflurane		
	Inj. Fentanyl		
	Others		
MONITOR		INFUSION PUMP	
Date	Start	Date	Disconnect
<u>4/12/24</u>	<u>1:00pm</u>	<u>6/12/24</u>	<u>1pm</u>
OXYGEN		SYRINGE PUMP	
Date	Start	Date	Disconnect
<u>4/12/24</u>	<u>1:00pm</u>	<u>4/12/24</u>	<u>4:30pm</u>
<u>4/12/24</u>	<u>6pm</u>	<u>5/12/24</u>	<u>3pm</u>
ALPHA BED / SCD PUMP		CPAP - VENTILATOR	
Date	Start	Date	Disconnect
		<u>4/12/24</u>	<u>4:30pm</u>
		<u>4/12/24</u>	<u>6pm</u>

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
4/2/24	:	CBC, ESR, FBS, FCR, ECG, U/L, Electrolyte, coagology, WBC, D-Dimer, Scrub culture, AB, Dengue profile, wound swab, Routine urine culture & sensitive, peripheral smears (20240158)
11/2/24	:	MP, HbA1c (20240158), HbA1c (20240159), Blood group & Rh type (20240158)
5/2/24	:	ABG, U/L, Electrolyte, HbA1c, FBS (20240165)
11/2/24	:	FBS, Electrolyte, Platelet, PwC (20240169)
7/2/24	:	Platelet, PwC (16.90)

[illegible]