BILLING CARD

Patient Name Mr. N. Ramesh D.O.A. 5/2/24 Time 10:30 A

IP No. 2024000201

Room No. [redacted] Rent Per Day ₹1100/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/2/24	9:30 Am	Casualty	ICU	

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
5/2/24	9.40am	5/2/24	9.pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
5/2/24	2-PM	5/2/24	9.pm

SYRINGE PUMP

Date	Start	Date	Disconnect
5/2/24	10am	5/2/24	9.pm.

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR C-PAP

Date	Start	Date	Disconnect
5/2/24	10am	5/2/24	2pm

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
5/2/24	CBC, RFT, Electrolyte, HbA1C, Serology, RBS, ABG (20240163S)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
5/2/24	ECHO, ECG, X ray chest (20240163)		

CBG				CBG			
5/2/24 11pm	(20240163)						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Rep:- Mr. Ranjith (maintenance)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. praveen	5/2/24 TC						
~~Dr~~ nayas mohamed	5/2/24 TC						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 3470 /-	
BILL CLEARED :	
RETURNS CHECKED : NO due.	

Other Procedures : (specify) :-

5/2/24 catheterisation done (IC)

Verified by S. Sathya at 9

Admission Officer :

Sister In-charge