BILLING CARD

Patient Name MR. KARUNAKARAN.A D.O.A. 10/2/24 Time 10:00AM

IP No. 2024000222

Room No. ICU Rent Per Day 4100

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/2/24	10.30 am	Casualty	ICU	S/N Celin Dani 22
11/2/24	12.45pm	ICU	IInd floor	Reej

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
10/2/24	10.30 am	11/2/24	12.45pm

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
10/2/24	CBC, BT, CT, APTT, PT-INR, RFT, LFT, Serology, HA Blood grouping & typing. Electrolytes, FBS (2024018
11/2/24	FBS, Electrolyte (2024018

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

10/2/24 ECG - (20240182 4)
+ CT PNS (Axial Coronal) (4)
+ Echo (20240183 7)

CBG

10/2/24
9pm CBG - (1) (20240220)
9pm (1) (20240183 7)
2am (1) (20240183 7)
1pm (1) (20240185 8)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

MMC.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Vijaya kalaivanji	10/2/24 Tw.						
DR. Puravan	10/2/24 Tw						
Dr. Vinothkumar	10/2/24 Tw						
Dr. Jamuna	11/2/24 Tw	12/2/24 (W3)			1/2		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 2942	
BILL CLEARED : NO: Dell	
RETURNS CHECKED : D. Devi	

Other Procedures : (specify) :-

S/N Karthika
12/02/24
at 13.25 pm.

Admission Officer :

Sister In-charge