BILLING CARD

Patient Name MR. RAMAKRISHNAN. P D.O.A. 10/2/24 Time 12:00Pm

IP No. 2024000225

Room No. CTICU IM Rent Per Day 1000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/2/24	1pm	Casualty	General ward	Sr Jolin Ranik

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
10/2/24	CBC, RBS, RFT, LFT, Electrolytes, Screen typhus, Serology, (C 20240825) Blood XM (20240825) Urine complete (20240825)
10/2/24	Patelet, PS, K^+, Na^+ (20240825)
10/2/24	Dengue NS, Igg Igm (C2401261)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
~~10/2/24~~ 10/2/24	ECG - C		
	X ray chest - 20240182[illegible]		

CBG				CBG			
10/2/24	CBG - (1) 20240825						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Naveen	10/2/24						
	11am						
	7pm						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 8956 /-	
BILL CLEARED :	
RETURNS CHECKED : No due	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge

Time: 9.30