BILLING CARD

Patient Name Mrs. Neelavathi D.O.A. 13/2/24 Time 21.00Pm.

IP No. 2024003250.

Room No. ICU Rent Per Day 4100/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/2/24	9.15pm	Casualty	ICU	Sr Celin Rani (2230)
16/2/24	12.40pm	ICU	General ward	Mary

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
13/2/24	9.20pm	16/2/24	12.40pm

INFUSION PUMP

Date	Start	Date	Disconnect

(3)

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
13/2/24	CBC, CRP, RBS, RFT, LFT, Sr. Electrolytes, Serology, D-dimer, IOH, ESR, Urine complete, HbA1c, caused (20240135)
14/2/24	FBS, Electrolyte (20240198)
14/2/24	TOP S (20402041)
15/2/24	FBS, Electrolyte (20240207)
16/2/24	FBS, Electrolyte (20240214)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
13/2/24	ECG -		
	CT - Brain. raised }	20240203654	
14/2/24	chest x-ray.		
14/2/24	Echo (20240204)		
14/2/24	MRI Brain c MRA (Arun. Scan)	Own paid	Lhos Ambulance

CBG			CBG		
12/2/24 2am CBG ①	(20240198)				
1pm	(20240204)				
9pm	(2024020 78)				
2am	(20240207 3)				
1pm	(20240212 1)				
9pm ①	(20240214 7)				
2Am ①	(20240214 7)				
1pm ①	(2024021 78)				
16/1/24 8pm ②	CBG ①. (a 2247)				

Date	PHYSIOTHERAPY
14/2/24	limb physio
15/2/24	11.00Am limb physio + BE
	5.00Pm limb physio + BE
16/2/24	11.30 Am limb physio
	5.00 Pm limb physio
17/2/24	11.30 Am limb physio
	5.00pm limb physio

NEBULIZER				NEBULIZER			

Ref (Dr. Karthikeyan / Rmo)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Palaniyappan	13/2/24						
Dr. Jamuna	14/2/24	15/2/24	16/2/24	17/2/24 12.pm	18/2/24		
Dr. Rajarajan	13/2/24	16/2/24					
Dr. Praveen	14/2/24	15/2/24					
Dr. Vinothkumar	14/2/24	15/2/24					
Dr. Ravichandiran	15/2/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 30040 /-	
BILL CLEARED :	
RETURNS CHECKED : Due : 8658 /-	

Other Procedures : (specify) :-

13/2/24 catheterization done

14/2/24 Pyelostomy done

: 18/2/24 at 12.30pm

Verified by

VISL

Admission Officer :

Sister In-charge