



BILLING CARD

Patient Name Mo. K. Sabarivanan D.O.A. 29/2/24 Time 10:10 AM

IP No. 2024000 335

Room No. PRC

Rent Per Day ₹ 100/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/3/24	12:30 AM	CORONARY	PRC	R. Vinodhini
1/3/24	11 PM	PRC	ICU	216
4/3/24	11:20 AM	ICU	OT/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 :	Laprosopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
1/3/24	12 am	1/3/24	10 AM				

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
1/3/24	12 am	1/3/24	11 PM				
2/3/24	8 am	2/3/24	10 am				
2/3/24	4 pm	3/3/24	2 am				

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				1/3/24	11 PM	2/3/24	8 am

VENTILATOR

OPERATION THEA TRE

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

Date	LABORATORY
1/3/24	CBC, RFT, Lft, CRP, Sr. electrolytes, RBS, Urine complete, Cholesterol, (20240120) OP add
1/3/24	Urine Spot PCR, serum Complement 3, Urine complete, 24hrs Urine (Protein (meenarchi Lab) (202403253))
2/3/24	CBC, C.R.P, RBS, RFT, Electrolyte (20240331)
2/3/24	Urine Cls, Blood Cls, RNP (202402923) (meenarchi)
3/3/24	FBS (PP)

[illegible]

