

DOA: 2/3/24 at: 6.25 pm

DDO: 3/3/24 at: 5.00 pm ICU

BILLING CARD

CASH

Patient Name

Mr. KARTHIKEYAN

IP No.

34/Male/MHC202409140

Room No.

Dr. ARTHI

D.O.A. 2/3/24 Time 6.25 pm

Rent Per Day

11500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
3/3/24	8:30am	ICU	2nd Floor (59)	R. MURUGU

OPERATION THEATRE

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 : 2ml 10ml/Inj. Morphine	:
		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

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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

2/3/24	ECG	- 3967	des	nehmen
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[illegible][illegible]

Date	PHYSIOTHERAPY
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Date	PHYSIOTHERAPY
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NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

OPERATION THEATRE

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

2/3/24 CBE, RFT, LFT, RBS, electrolytes, Amylase, lipase - 3265