

11 floor

ICU

BILLING CARD



Mr. NANDHA GOBAL.V

76/Male/MHC202411749

Patient Name 26/03/2024/IPC2024000933

IP No. Dr. ARTHI

Room No.



D.O.A. 26/03/24 Time 04:35 AM

Cash

Rent Per Day 4900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
26/3/24	6am	28/3/24	1pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
26/3/24	12pm	27/3/24	1pm (25)				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

Date	LABORATORY
26/3/24	CBC, RBS, RFT, LFT, electrolytes, BT, CT, TROP-T, urine R/E
27/3/24	FBS, urea, creatinine, Lipid profile - H503
28/3/24	FBS, Electrolytes - H551
28/3/24	urea, creatinine - 4563

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER		
	Aug	sent to K

[illegible][illegible][illegible][illegible]