BILLING CARD

Patient Name MR. KANDASBai D.O.A. 29/3/24 Time 02:30Pm

IP No. 20240000484

Room No. ICO Rent Per Day 4100

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/3/24	2.30Pm	Casciality	2nd floor ICO	
3/4/24	1.30Pm	ICU	2nd floor	S/NUrse 2120.
4/4/24	8AM	ICU - 4100 Y	ICU	5216.

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
29/3/24	2.30 Pm	3/4/24	01-30pm
4/4/24	8am	7/4/24	10.am

C.pap INFUSION PUMP

Date	Start	Date	Disconnect	
4/4/24	8am	4/4/24	10.30am	1
5/4/24	3:30 pm.	5/4/24	6pm	1
6/4/24	9 AM.	7/4/24	10 am	1

OXYGEN

Date	Start	Date	Disconnect	
30/3/24	6 am	30/3/24	11:30pm	
1/4/24	11. Am.	1/4/24	10 Pm.	
2/4/24	6Am	2/4/24	11 pm	
3/4/24	1 am	3/4/24	8 Am	
4/4/24	11am	5/4/24	11am	
5/4/24	2.30Pm	5/4/24	3.30pm	

SYRINGE PUMP

Date	Start	Date	Disconnect	
6/4/24	10.30 am	7/4/24	10. am	1

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

C Pap VENTILATOR

Date	Start	Date	Disconnect	
29/3/24	2.30Pm	30/3/24	6.am	1
30/3/24 Vent.	11:30 Am.	1/4/24	11 am	1
1/4/24	10Pm	2/4/24	6AM	1
2/4/24	11pm	3/4/24	4am	1
				3

C-Pap 4/4/24 12Am. 4/4/24 8AM.

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

LABORATORY

Date	
29/3/24	CBC, RFT, LFT, RBS, Serology, Sr. electrolyte, HbA1c, Urine complete, Urine culture (20240284)
30/3/24	FBS, Electrolytes, ABG (20240432)
31/3/24	ABG (20240435)
1/4/24	ABG (20240435)
2/4/24	ABG (20240435)
3/4/24	FBS, Electrolyte, ABG (20240414)
4/4/24	ET culture sensitivity (20240445)
	ABG (20240473)
5/4/24	FBS, Electrolyte, ABG (20240483)
6/4/24	FBS, Electrolyte (20240531)
7/4/24	ABG (240606)
8/4/24	ABG (20240625)
9/4/24	ABG (20240625)

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

1/3/24	ECG (202404284)		
1/3/24	Echo (202404340)		
3/4/24 @ 2pm	Chest X-ray (202404660)		

CBG

29/3/24	CBG - ①	(202404284)	1/4/24 1pm ①	(202404463)	5/4/24	6am ①	(202404682)
29/3 9pm	- ①	(202404331)	9pm ①	(202404483)		1pm ①	(202404728)
30/3 2am	- ①	(202404332)	2/4/24 2am ①	(202404483)	6/4/24	8pm	(202404728)
1pm	- ①	(202404335	1pm	(202402224)		6am	(202404728)
9pm	- ①	(202404357)	9pm	(202404531)			
31/3 2am	- ①	(202404357)	3/4/24 2am	(202404531)			
6am	- ①	(202404357)	1pm	(202404565)			
1pm	①	(202402224)	4/4/24 1pm	(2024,04606)			
9pm	①	(202404418)	5/4/24 7am	(202404639)			
1/4/24 2am	①	(202404418)	1pm	(202404652)			

Date

PHYSIOTHERAPY

3.3.24	2.30pm	Chest physiotherapy
	5.30pm	Chest Physiotherapy
01/04/24	10.15 Am	Chest Physiotherapy.
	12.50 pm	Chest Physiotherapy.
	4.00 pm	Chest Physiotherapy.
	5.45 pm	Chest Physiotherapy.
02/04/24	10.00Am	Chest Physiotherapy.
	12.00pm	Chest Physiotherapy.
	3.00 pm	Chest Physiotherapy.
	5.30pm	Chest Physiotherapy
03/04/24	10.00Am	Chest Physiotherapy
	12.30pm	Chest Physiotherapy
	3.30pm	Chest Physiotherapy.
	5.30pm.	Chest Physiotherapy.

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NEBULIZER

04/04/24	10.00Am	Chest	Physiotherapy			
	12.00pm	Chest	Physiotherapy	4		
	2.30pm	Chest	Physiotherapy			
	5.00pm	Chest	Physiotherapy.			
05/04/24	10.00Am	Chest	Physiotherapy.	2		
	12.30pm	Chest	Physiotherapy.			

NEBULIZER

Ref: Dr Thiyagarajan (Rmo) Neon [illegible]

CONSULTANT NAME	Date	Date	Date	Date	Date	Date
Dr. Jamuna	29/3/24	30/3/24	31/3/24	1/4/24	2/4/24	3/4/24
Dr. Palaniyappan	29/3/24	30/3/24	31/3/24			
Dr Praveen	30/3/24	31/3/24	4/4/24	5/4/24	6/4/24	
Dr. Vinothkumar	1/4/24	3/4/24	4/4/24	6/4/24		
Dr. BalaPrakash	2/4/24	5/4/24				
Dr Jamuna	5/4/24	6/4/24				

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED :

RETURNS CHECKED :

AMBULANCE

Other Procedures (specify) :-

30/3/24 Intubation done by Dr. Jamuna (SW)
30/3/24 Ryles tube putting (SW)
~~[illegible]~~ ~~[illegible]~~
30/3/24 Inj fentanyl 2ml (1) amp used
4/4/24 BiPAP ~~[illegible]~~ stat at 12AM to 8AM.

Admitting [illegible]

Kanagasabai

BILLING CARD

Patient Name: M. Kanagasabai D.O.A. 29/3/24 Time ______

IP No. 2024000484 Rent Per Day ______

Room No. PW

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

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				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
(2) 5/4/24	6.00 pm [illegible]	6/4/24	14.30 pm				

ALPHA BED / SCD PUMP				VENTILATOR (CPAP)			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				6/4/24	9.00am		

OPERATION THEA TRE

Surgeon	:	OT. No.	
I Asst. Surgeon	:	Start Time	:
II Asst. Surgeon	:	End Time	:
III Asst. Surgeon	:	Dis. Pack	:
Anaesthetist	:	Diathermy	:
OT Nurse	:	C-Arm	:
Name of Surgery	:	Arthroscopy	:
		Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

LABORATORY

Date	

RADIOLOGY -

Date

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-