

BILLING CARD

Patient Name

Mr. MUTHIAH PL

85/Male/MHM202404533

17/04/2024/IPM2024000298

IP No. _____

Dr. P SHANMUGA SUNDARAM

Room No. _____



D.O.A. 17/4/24 Time 6.20pm

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/4/24	8.40pm	ICU	3rd floor (309)	Shirga

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

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

OT. No. :

Start Time :

End Time :

Dis. Pack :

Diathermy :

C-Arm :

Arthroscopy :

Laparoscopy :

Sevoflurane / Isoflurane :

Inj. Fentanyl :

Others :

LABORATORY

CBC, RFT, LFT, lipid profile, BT, CT

PT, APTT, INR, Blood grouping & typing (2643)

viral serology / Elisa (2645) HBA1c (2644)

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

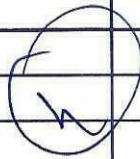
17/4/24 CXR (2647) pelvis AP view / Knee LAT (2648)
ECG (2646) Joint ②

CBG

CBG

11/4/24 2 (264873)

12/4/24 2 (2672)



Date

PHYSIOTHERAPY

RS. 600 Y. per session

17/9/24 2:30pm

NEBULIZER

NEBULIZER

