BILLING CARD

Patient Name: MR. SUBRAMANIYAN.P D.O.A. 29/4/24 Time 19:30pm
IP No. 2024000603
Room No. ICU Rent Per Day 4100

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
29/4/24.	7.20pm.	casualty	ICU.	SrBaby 2182.

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 :

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
29/4/24.	7.30 pm.	30/4/24	7.30AM	1	(1)		

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	:

Date	LABORATORY
29/4/24.	CBC, PBS, RFT, LFT, Serology, Sr Electrolytes. HbA1c, Urine, CRP complete. ESR. LDH, D-Dimer. (202402715) Rp raised.

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

29/4/24	ECG, (202402715) [illegible]		

CBG				CBG			
29/4/24	(202402715) Casualty						
30/4/24 2am	(202405609)		③				
6am	(202405609)						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Ref: Dr. Sampath MANOKAR AMBULANCE 2000

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna M.D.	29/4/24 7-30pm						
Dr. Vinothkumar	29/4/24. (ICU)						

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	[signature]	
BILL CLEARED :	TOTAL - 8195	
RETURNS CHECKED :	nodues	

Other Procedures : (specify) :-

=) 29/4/24. CBD Done by Casualty

Baby 2182

=)

S/N Ulayathy 30/4/24 @ 7-30AM

Admission Officer : [signature]	Sister In-charge