MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Mast. G. Ranigasekar. D.O.A. 2/05/24 Time 20.45 pm

IP No.:

Room No.: Rent Per Day 4100

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/5/24.	8.45pm	ER	ICU	[signature]
7/5/24	2.30pm	ICU	OT	[signature]
7/5/24	3.45	OT	ICU	[signature]

OPERATION THEATRE

Date	: 7/5/24	OT No.	: III
Surgeon	: Dr. Shanmugasundaram	Start Time	: 3.00pm
I Asst. Surgeon	: —	End Time	: 3.30pm.
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	:	Diathermy	: used for 5 mins
Anaesthetist	: Dr. Jomuna	C-Arm	: —
OT Nurse	: S/N priya/karthika	Arthroscopy	: —
Name of Surgery	: Lvra Tracheostomy	Laproscopy	: —
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1 amp
		Others	:

MONITOR

Date	Start	Date	Disconnect
2/5/24	9pm	7/5/24	2.30pm
7/5/24	3.30pm	11/5/24	3.30 pm.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
5/5/24	12.15pm	6/5/24	02.15pm.

SYRINGE PUMP

Date	Start	Date	Disconnect
2/5/24	9.30pm	4/5/24	8.00pm

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect
7/5/24	7.pm	8/5/24	6.pm.

VENTILATOR

Date	Start	Date	Disconnect
2/5/24	9 pm	4/5/24	12.15pm
7/5/24	12.15Am	7/5/24	2.30pm.
7/5/24	3.30pm	9/5/24	3.30pm

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
2/5/24	CBC, CRP, ESR, RBS, D Dimer, LDH, RFT, LFT, Sr. electrolytes, Serology, ~~[illegible]~~, Urine complete (~~IP raised~~) (op paid) Blood grouping & typing (202405719.)
3/5/24	FBS, Sr. electrolytes, PT INR (202405735)
3/5/24	C.R.P, RFT, Electrolyte, CBC, PT INR (202405753)
3/5/24	ABG (202405771)
4/5/24	CBC, CRP, PT INR, Electrolyte, RFT, LFT (202405806
8/5/24	CBC, CRP, RFT, Sr. electrolytes, (202405960) PT, INR our side
9/5/24	Hb, Electrolytes, CRP, Blood C&S, Urine C&S (06100)
10/5/24	CRP, Electrolytes (6160)

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

9/5/24.	Chest X ray (202405735)		
5/5/24	CT Brain & cervical spine (5844)		
7/5/24.	Chest X-ray (20245977)		

CBG 6/5/24 / CBG

3/5/24	1pm (747).	6am	(847)	8/05/24	(6051).		
1pm	(749).	1pm	(92)				
9pm	(754)	9pm	(5924)				
6am	754	2AM					
1pm		6am	(5924)				
9pm	(5806)	1pm					
6AM		9pm	2024960				
1pm	5830)	2am					
9pm	5847	6am	(5989)				
6/5/24 2AM	(")	1pm.					

PHYSIOTHERAPY

Date	
08/05/24	Limb Physio & Chest Physio
	10:45 AM Limb physio & Chest.
	4:50pm Limb & Chest Physio
10/5/24.	11 AM Limb & Chest.
	4:00pm " "
11/05/24.	11 AM Limb & Chest.
	" "

NEBULIZER / NEBULIZER

Ref :- Mayiladuthurai GH -> Dr. Balaji.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Nirmal Kumar.	2/5/24.	3/5/24	5/5/24.	6/5/24	7/5/24.	10/5/24	
Dr Balaprakash	7/5/24	8/5/24.					
Dr. Vinothkumar	2/5/24	7/5/24	9/5/24	10/5/24			
Dr. Maheswaran	(1) 2/5/24	(2) 3/5/24 1pm	(3) @3/5/24 9pm	(4) 4/5/24 @ 1pm	(5) 4/5/24 -10pm	(6) 5/5/24 11AM	(7) 5/5/24 10pm
Dr. Jamuna	3/5/24	4/5/24	5/5/24	7/5/24	~~8/5/24~~	9/5/24	10/5/24
Dr. Palaniyappan.	3/5/24						
Dr Ravichandran	(1) 3/5/24	(2) 5/5/24	(3) 10/5/24.				
Dr. maheshwaran	(8) 6/5/24.	(9) 7/5/24	(10) 8/5/24	(11) 9/5/24	(12) 10/5/24	(13) 11/5/24	
Morning	11AM.	9am		11.am.	9am	8Am	
Evening	2pm	5.30PM	2pm.		3.45pm		
Night	10pm.		10pm	9pm.	9pm		

~~Dr Balaprakash~~

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	OT - Nil	Mayiladuthurai to medway
BILL CLEARED :	TOTAL - 81750/-	Pick up in our Ambulance
RETURNS CHECKED :	No due	

Other Procedures : (specify) :- 7/5/24. Intubation Done by Dr Karthikeyan

=> Ryles tube done Dr. Nirmal Kumar.

=> Inj :- Fentanyl 10 ml used.

3/5/24 => 2U FFB done (1)

3/5/24 2) FFB 1unit (2)

3/5/24 @ 3pm Reintubation Done Dr. Nirmal Kumar

4/5/24 Inj :- Fentanyl 10 ml amp used

4/5/24 Blood tranfusion (whole) GW (3)

5/5/24 1 unit FFP Transfused (4)

Admission Officer : [signature]

Sister In-charge