BILLING CARD

Patient Name Mrs. R. Anjugam D.O.A. 5/5/24 Time 5:00pm

IP No. 2024000628

Room No. ICU Rent Per Day 4100/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/5/24	5.30am	casualty	ICU	
7/5/24	1.pm.	ICU	IInd F	9.5.24 2202.

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
5/5/2024	5-30AM	7/5/24	1.pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
5/5/24	11AM	7/5/24	1.pm
7/5/24	11PM	07/05/24	2PM
06/05/24	1 PM	06/05/24	2PM

SYRINGE PUMP

Date	Start	Date	Disconnect
5/5/24	11.am.	7/5/24	1.pm

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

CPAP VENTILATOR

Date	Start	Date	Disconnect
5/5/2025	5-30AM	5/5/24	11.AM

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
5/5/24	CBC, RFT, LFT, CRP, Sr. electrolyte, Serology, RBS, LDH, D-dimer, ESR, HbA1C, urine complete, Trop-I (OPKCB2024021350)
5/5/24	ABG, BNP (5884)
6/5/24	FT3, FT4, TSH, FBS, Electrolyte. (5855)
7/5/24	FBS, Electrolyte, CBC, RFT (5922)
8/5/24	potasium, Sodium ( )

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

5/5/24 ECG (OPKB2024021 35) ✓
5/5/24 Chest X-ray (5834) ✓
6/5/24 ECG (5856) ✓
6/5/24 Echo (5888) ✓
7/5/24 ECG Echo (5932) ✓

CBG

(4)

5/5/24 CBG - ① (OPKB2024021 35)
1pm (5834)
9pm (5855)
6/5/24 8am (5888)
1pm (5932)
9pm (5932)
2am (5932)
1pm

CBG

7pm (5966)
8.5.24 CBG ① (6078)
9.5.24 CBG ① (6078)

Date	PHYSIOTHERAPY
06/05/24	DBE + Chest Physio + Incentive Spiro 4.45pm. (3) 8/5/24
07/05/24	10.40 Am DBE + Chest Physio.
	3.50pm. DBE + Chest Physio (4) 9/5/24
08/05/24	12.00pm DBE + Chest Physio

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. JAMUNA.	5/5/24	6/5/24	7/5/24 5pm FCO (W)	08.05.24 W	09.5.24 W		
DR. NIRMAL KUMAR	5/5/24 FCO	6/5/24 FCO					
Dr. vinothkumar	6/5/24. FCO						
Dr. Ramachandhra	6/5/24 FCO						
			Verified AQ				

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	Total: 80573/-	
BILL CLEARED :		
RETURNS CHECKED :	No due	

Other Procedures : (specify) :-

Foley's catheter done on 5/5/24 (Casualty).

6/5/24

* Echo screening done by Dr. Ramachandhra 7/5/24

verified by K.Devi

Admission Officer :

Sister In-charge