

**BILLING CARD**Patient Name Mr. P. AscurianoD.O.A. 5/5/24 Time 20:20pmIP No. 2021000634Room No. ICURent Per Day 2100/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
5/5/24	9pm	Casualty	ICU	Sally Sider

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
5/5/24	9:30pm	7/5/24	12pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/5/24	9:30pm	6/5/24	6am				
7/5/24	4am	7/5/24	7am				

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
5/5/24	BT, CT Blood group, typing, RBS, LFT, 6r Electrolytes, PT, INR, APTT, & Amylase, CRP. (202402812)
5/5/24	ABU (5849)
6/5/24	CBC, Lipase, FBS, Electrolyte (5849)
6/5/24	Urea, IgM, E202405848
7/5/24	FBS, Electrolyte, LFT (5927)
7/5/24	PT, INR, APTT (202405950)

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

5/5/24 ECG (202402812)
 5/5/24 chest X-ray (5849)
 6/5/24 echo (5887)

5/5/24 CBG

CBG

CBG (2) (5849)

6/5/24

1pm (5887)

9pm (5927)

7/5/24 2am (5927)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vinod Kumar	5/5/24	6/5/24					
Dr. Vinod Kumar	5/5/24	6/5/24					
Dr. Samuna	6/5/24	7/5/24					
Dr. Nirmal Kumar	6/5/24						

Verified
A B

Verified
AG

AMBULANCE

Other Procedures : (specify) :-

5/6/24. *CBD Done by Casarty.

* Ryles tube done by Dr. Karthikeyan

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Admission Officer :

Sister In-charge