BILLING CARD

Patient Name Mrs D. Devaki D.O.A. 9/5/24 Time 9:30 A

IP No. 2024000655

Room No. ICU Rent Per Day 4100/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/5/24	10.30am	ER	ICU	PD22
10/5/24	9.AM	ICU	2nd floor	SN Gayathri 2120

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
9/5/24	10.30AM	10/5/24	9.AM.

INFUSION PUMP

Date	Start	Date	Disconnect
(1)			

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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
9/5/24	CBC, PBS, RFT, Sr. electrolytes, ~~plasma acetone~~ urine complete (IP raised) (IP raised) 2406084

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

9/5/24	~~CBG~~ ECG - 1 (Appraised)	
9/5/24	echo 06101	
9/5/24	X-ray Chest (06101)	

CBG

9/5/24	(1) (Appraised)		
1pm	06101		
10/5/24 8am	(6125)		
10/5/24 1pm	- 1 (6149)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

Ref:- Murugen Maintence), Ref: madhi ambula

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jumana	9/5/24	9/5/24	10/05/24				
Dr in not burnal	9/5/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 3767	
BILL CLEARED : Due: 3767	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge