

**BILLING CARD**Patient Name MRS. PARAMESHWARI K.BD.O.A. 14/6/24 Time 18:15pmIP No. 2024000813Room No. 100Rent Per Day 4100**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
14/6/24	4:50pm	Casualty	ICU	OK

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
14/6/24	4:50pm	16/6/24	9:30am				

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 :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
14/6/24	(CBC, RFT, UET, CRP, FBS, HbA1c, LPH, D-dimer, ESR, Serology, Sr. electrolyte, Coagulation profile. Sr. cholest. test.) (202407823)
15/6/24	FBS, Electrolyte (7841)
16/6/24	FBS, electrolytes (7865)

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

14/6/24	ECG	(202407823)		
14/6/24	ECHO	(202407824)		
"	Chest x-ray bedside	(202407824)		

CBG

CBG

14/6/24	CBG - (7823)				
9pm	(7841)	(S)			
15/6/24 2am	(7841)				
1pm	(7865)				
15/6/24 9pm	(7865)				

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

AMBULANCE

OT DRUGS REPLACED : V. Jeyaraj
BILL CLEARED : No due.
RETURNS CHECKED : Tot:- 5574/-

Other Procedures : (specify) :-

Verified by
S. B. B. B.

Admission Officer:

Sister In-charge