BILLING CARD

Patient Name Mrs. Rubiyath nisha D.O.A 17/5/24 Time 11:20 AM

IP. No. 2024000690

Room No. PCW Rent Per Day 4100/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/5/24	11.30am	Casuelty	ICU	
18/5/24	11.30pm	ICU	3rd floor	

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
17/5/24	11.30am	18/5/24	11:30pm

INFUSION PUMP

Date	Start	Date	Disconnect
1			

OXYGEN

Date	Start	Date	Disconnect
17/5/24	11.30am	17/5/24	3pm

SYRINGE PUMP

Date	Start	Date	Disconnect
1			

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
17/5/24	CBC, RBS, RFT, LFT, Serology, & Electrolytes, HBA1c, Trop-I, ESR, CRP, (Date 23/5/24.)
18/5/24	FBS, Electrolyte, lipid profile, Free T_3, Free T_4, TSH (2024065862)

O/P paid

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
17/5/24	ECG (202402359)		
	Echo (202406564) [illegible]		
18/5/24	ECG (202406612)	(3)	

CBG				CBG			
17/5/24							
9pm (1)	(6586)						
2am (1)	(6586)						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna MD	17/5/24 11.20am	18/5/24 ICU					
Dr. Nirmal Kumar	17/5/24						
Dr. Vinothkumar	17/5/24						

Verified

PHARMACY	AMBULANCE
OT DRUGS REPLACED : TM.NO	
BILL CLEARED : TOTOL – 3267/-	
RETURNS CHECKED : No due/-	

Other Procedures : (specify) :-

Verified
J. Nithya
18/5/24 at 5

Admission Officer :

Sister In-charge