



Mr. C. SEKAR

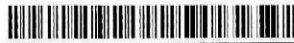
64/M1816/M11V202402778

05/07/2024/1PV2024000562

Patient Name

Dr. RAJA

IP No.



BILLING CARD

06 JUL 2024

D.O.A. 05/7/24 Time 6:15 PM

Room No. ICU/ICU-I

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
05/7/24	6:00pm	ER	ICU	Dr. Raja

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	Date	Start	Date	Disconnect
5/7/24	6:15pm	6/7/24	2pm				

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/7/24	6:15pm	6/7/24	2pm				

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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 :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

5/7/24 CBC, UREA, CREATININE, ELECTROLYTES [3838], ABG (3843)
 5/7/24 URINE ROUTINE ANALYSIS [3846]
 6/7/24 BLOOD C/S (3855) ABU (3855)

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

05/07/24	Chest X-Ray (Redside) (3840)		
06/07/24	ECG (3857)		
06/7/24	USG ABDOMEN (3858) 2L. SPLEEN		

CBG

CBG

5/7/24	1						
6/7/24	1+1						

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

5/7/24	1						
6/7/24	1+1+1						

