BILLING CARD

Mr.C.SEKAR
64/Male/MHV202402778
05/07/2024/IPV2024000562
Dr.RAJA

6 JUL 2024

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

IP No. _____

Room No. ICU/ICU-T Rent Per Day 3500/-

TRANSFER DET AILS

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

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
5/7/24	6.15pm	6/7/24	2pm.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
5/7/24	6.15pm	6/7/24	2pm.

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

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

05/07/24	Chest x-Ray (Bedside) (3840)		
06/07/24	ECG (3857)		
06/7/24	USG ABDOMEN (3858)	DR. SRIRAM	

CBG

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

CBG

Date	PHYSIOTHERAPY

NEBULIZER

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

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. KAMAL (PULMO)	5/7/24 @ 9.30 am						
DR. Gayathri M.D	5/7/24 @ 11am						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

RYLES TUBE DONE ON 5/7/24 IN ICU

CATHETERIZATION DONE ON 5/7/24 IN ICU

Admission Officer : 05/7/24.

Sister In-charge