BILLING CARD

Patient Name Mrs. Santhakumari. K D.O.A. 31/5/24 Time 12.15 Am

IP No. IP2024000749

Room No. ICU Rent Per Day 4100

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
31/5/24	1.00am	ER	ICU	2am
31/5/24	9pm	ICU	General ward	Dept.

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
31/5/24	1.15am	31/5/24	9pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

1/6/24

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
2/5/24	CBC, CRP, RBS, ESR, RFT, LFT, Serology, Sr electrolytes, HbA1C, Urine complete (op paid 20240142S)

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

21/5/24	ECG -1, Chest xray-1 CT brain-1 OP paid (2024014225)		
31/5/24	Echo (20240197)		
31/5/24	CT Abd (20240197)		

CBG				CBG			
21/5/24	① (op paid) 2024014225						
31/5/24	CBG ① (7172)						
	1 pm (20240197)						
31/5/24	9pm ① (7203)						
31/1/24	CBG (7229)						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Ref: ED

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sumun	31/5/24	1/6/24	②				
Dr. Nirmal Kumar	31/5/24		①				

Negated

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jayanthi	
BILL CLEARED : No due.	
RETURNS CHECKED : Tot:- 2554/-	

Other Procedures : (specify) :-

31/5/24 Catheterization done by camarify 31/05

S/N Karthika
2236
01-06-2024

Admission Officer :

Sister In-charge