

**BILLING CARD**
 Patient Name Mr. Jeovadey Nithiyandam. S D.O.A 31/5/24 Time 8-30 Pm.

 IP No. IP2024000754

 Room No. ICU

 Rent Per Day 4100
TRANSFER DET AILS

Date	Time	From	To	Sister Signature
31/5/24	9.20pm	Casualty	ICU	SINBURY

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
31/5/24	9.30 pm	1/6/24	8 pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
31/5/24	9.30 pm	1/6/24	8 Am	31/5/24	9.30 pm	1/6/24	8 Am

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
Date :	OT. No. :
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
8/5/24	CBC, ESR, D. Dimer, Sr. electrolytes, LDH, LFT, RBS, Serology, CRP, RFT, (202403245) CRKB202402610 (PPA81)
1/6/24	FBS, electrolytes (7218 J)

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

2/5/24

ECG - (OP paid)

OPKB202402610

(OP paid)

1/6/24 @ ban

ECG

7218

J

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

ref: Arun Priya Hospi

[illegible]