08 JUN 2024

MH/ PRINT / 0007 / BILL / FO

Baby.KANISHKA
6/Female/MHV202402954
03/06/2024/IPV2024000454

Patient Name Dr.SASIKALA

IP No.

BILLING CARD

10 JUN 2024

D.O.A 3/6/24 Time 7.00 PM

Room No. ICU

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/6/24	6:45pm	ER	SICU.	S/N JHO 0198.

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
3/6/24	7.10pm	8/6/24	9am

INFUSION PUMP Syringe pump

Date	Start	Date	Disconnect
4/6/24	2PM.	6/6/24	12pm

OXYGEN

Date	Start	Date	Disconnect

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
4/6/24	Urine Routine, urine culture and sensitivity (3037)
4/6/24	Sodium, potassium (3040)
5/6/24	Sodium, potassium, SGPT, SGOT, CRP, CBC, Urea Creatinine (3286)
7/6/24	CBC (3339) CRP (3343)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sasikala	3/6/24	4/6/24 10am	5/6/24 9am	07/6/24			
DR Sathish kumar	(Codex)	04/6/24					

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

Other Procedures : (specify) :-

Admission Officer : S mala 3/6/24

Sister In-charge