BILLING CARD

Patient Name Mr. C. Balachandran D.O.A. 7/6/24 Time 11:00Am

IP No. 2024000780

Room No. ICU Rent Per Day 4100/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/6/24	12.30 pm	Casualty	ICU	Rivinothini 2/6

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
(1) 7/6/24	12.50 pm	7/6/24	2pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
(2) 7/6/24	12.50 pm	7/6/24	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
7/6/24	CBC. CRP. LFT. KFT. & Electrolytes. serology LDH. D. Dimer. RBS. HbA1c. ESR. Urine (omplet (OPK192024102728), Trop-I (240746)

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

7/6/24	~~ECG~~ (3)	}	(OPKB 202402728)
	~~Echo~~ ( )		(Op paper)
	~~ECG~~ — 1 (2407461)		

CBG				CBG			
7/6/24	~~CBG~~	(OPKB202402728)					

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date (MMC)	Date	Date	Date	Date	Date	Date
Dr. Jamuna	7/6/24						
	100						

Verified by N/S

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total : 53513	
BILL CLEARED	:	
RETURNS CHECKED	: NO due.	

Other Procedures : (specify) :-

7/6/24 Inj: ~~Tenecterel~~ given in [Ocaswaats]
(40mg) (Refplace)

Inj: Morphine 1cc given

Admission Officer :

Sister In-charge