BILLING CARD

Patient Name MR. ANANDH.V D.O.A. 9/6/24 Time 22:00PM

IP No. 20240007799

Room No. ICU Rent Per Day 4100

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/6/24	11:pm	Reserve	ICU	P.vinodhini 9/6/24

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	:

MONITOR

Date	Start	Date	Disconnect
9/6/24	11.30PM	10/6/24	2.30AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
9/6/24	11.30AM		
10/6/24	1.30AM	10/6/24	3.AM

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
9/6/24	CBC. CRP. Lft. RFT. Sr. electrolytes. LDH. D' dimer. serology. RBS. HbAc. ESR

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

9/6/24	CT Brain, CT Chest, CT Abdomen CT Cspine FCU, CT Facial ( )	

CBG

9/6/24	CBG	( )	

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

DEP: Santhosh ~~[illegible]~~ AMBUDOSE

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. VINOTHKUMAR	9/6/24						

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

Other Procedures : (specify) :-

9/6/24 @ 11.30PM - BIPAP - 10/6/24 @ 1.30AM

10/6/24 - INTUBATION done by DR. KARTHIKEYAN

S/N 12Q

Admission Officer :

Sister In-charge