



BILLING CARD

Patient Name MR. Mananayakkar

D.O.A. 15/6/24 Time _____

IP No. 1 PE 2024 00012

Room No. _____

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/6/24	5.00pm	EMR	ICU	15/6/24

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	:	Laproscoy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
15/6/24	8AM	3/6/24	1.0pm	15/6/2024	6PM	15/6/24	6pm
				25/6/24	10AM	31/07/24	8.00AM

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				15/6/24 (1)	11AM	02/7/24	8.00AM
15/6/24	8AM	17/6/24	11.0am	16/6/24 (2)	3 AM	20/6/24	11.0am
20/6/24	12.0pm	25/6/24	11AM	29/6/24	12pm	29/6/24	3pm
27/6/24	12pm	28/6/24	4pm				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
15/6/24	9AM	03/6/24	1PM	17/6/24	10.30AM	22/6/24	12.00pm
				20/6/24	8pm	21/6/24	7AM
				21/6/24	8pm	25/6/24	6am

OPERATION THEA TRE

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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____ LABORATORY _____

Date	Test Name	Bill No.
15/6/24	CBC, RFT [MME]/MV/DGE202400545	
15/6/24	Electrolytes, LFT, PTT, APTT	
16/6/24	Sr. total cpx, RFT, Sr. Electrolytes, CBC,	
	Sr. Procalcitonin	
17/6/24	RFT, Sr. Electrolytes, CBC	
18/6/24	CBC, RFT, Sr. Electrolytes, ABG, ET culture	
19/6/24	RFT, Sr. Electrolytes	
20/6/24	CBC, RFT, Sr. Electrolytes, ABG	
21/6/24	CBC, RFT, Sr. Electrolytes	
22/6/24	CBC, RFT, Sr. Electrolytes, ABG, ET	
22/6/24	Electrolytes	
23/6/24	ABG, RFT, Sr. Electrolytes, ET	
24/6/24	ABG, RFT, Sr. Electrolytes, CBC, ABG, Sr. Electrolytes	
25/6/24	RFT, Sr. Electrolytes, CBC, Urine routine	
25/6/24	Urine culture, Blood culture Bacter	
26/6/24	urea creatinine electrolytes	
27/6/24	urea creatinine, electrolytes	
28/6/24	CBC, urea creatinine, electrolytes	
29/6/24	urea creatinine, electrolytes	
30/6/24	CBC, urea creatinine, electrolytes	
01/7/24	electrolytes, urea creatinine	
01/7/24	PT/APTT, BT/CT, Sr. Electrolytes	
02/7/24	urea creatinine, TC/DC	
03/7/24	LFT, Sr. Electrolytes, urea creatinine	

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

15/6/24	CT Chest [MMH/MV]	B. H. No DGE 202400542
17/6/24	X-Ray Chest	25/06/24 Chest X-Ray (AP)
18/6/24	X-ray Chest (AP)	29/6/24 CT - neck + chest x-ray (AP)
19/6/24	X-ray Chest (AP)	30/6/24 ECG
20/6/24	X-ray Chest (AP)	
20/6/24	X-Ray Chest (AP)	
21/6/24	X-Ray Chest (AP)	
22/6/24	Chest X-Ray (AP)	
23/06/24	Chest X-Ray (AP), ECG	
24/06/24	Chest X-Ray (AP)	

CBG

CBG

15/6/24	① + ①	24/6/24	① + ①
16/6/24	① + ①	25/6/24	① + ①
17/6/24	① + ①	26/6/24	① + ①
18/6/24	① + ①	27/6/24	① + ①
19/6/24	① + ①	28/6/24	① + ① + ①
20/6/24	① + ①	29/6/24	① + ③ + ①
21/6/24	① + ①	30/6/24	③
22/6/24	① + ①	01/07/24	① + ① + ①
23/6/24	① + ①	02/07/24	③
		03/07/24	① + ①

Date

PHYSIOTHERAPY

18/6/24	① - visit
20/6/24	① - visit
25/6/24	① - visit
26/6/24	① - visit
28/6/24	① - visit

NEBULIZER

NEBULIZER

15/06/24	① + ①	22/6/24	① + ①	29/6/24	① + ①
16/06/24	① + ①	23/6/24	① + ①	30/06/24	① + ①
17/6/24	① + ①	24/6/24	① + ①	1/07/24	① + ① + ①
18/6/24	① + ①	25/6/24	① + ①	2/07/24	2
19/6/24	① + ①	26/6/24	① + ①	3/07/24	2
20/6/24	① + ① + ①	27/6/24	① + ①		
21/6/24	① + ①	28/6/24	① +		

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Parthiban	15/6/24	16/6/24	17/6/24	18/6/24	19/6/24	20/6/24	21/6/24
	①	①	①	①	①	①	①
Dr. Parthasarathy	15/6/24		17/6/24	18/6/24	19/6/24	20/6/24	21/6/24
(INTENSIVIST)	①		①	①	①	①	①
	22/6/24	24/6/24	25/6/24	26/6/24	27/6/24	28/6/24	29/6/24
	①	①	①	①	①	①	①
Dr. Saravanan	15/6/24	16/6/24	17/6/24	22/6/24			
(EP)	①	①	①	①			
Dr. Parthiban	22/6/24						
(Neuro)	①						
Dr. Ramsubramaniam	26/6/24						
(Cardio)	1500 (Paid)						
Dr. Vidya Charan	27/6/24						
(Surgeon)	500 (paid)						
Dr. SATHISH KUMAR	29/6/24						
(PHARMACY)	2500 paid						

AMBULANCE

OT DRUGS REPLACED :

BILL CLEARED :

RETURNS CHECKED :

Other Procedures : (specify) :- 29/6/24 - Central line done by Dr. Gladstone
 17/6/24 - Endotracheal tube [Intubation] done by Dr. Parthasarathy
 at ICU
 17/6/24 - Ryles tube Insertion @ ICU
 27/6/24 - I & D done by Dr. Vidya Charan @ ICU
 15/6/24 - Hemodialysis @ RANM Hospital
 17/6/24 - Hemodialysis @ RANM Hospital
 19/6/24 - Hemodialysis @ RANM Hospital
 21/06/24 - Hemodialysis @ RANM Hospital.
 22/6/24 Extubation done by Dr. Parthasarathy sir
 24/6/24 Recatheterisation Done @ ICU

Admission Officer:

Sister In-charge

26/6/24 Echo done by Dr. Ramsubramaniam sir (Cardio)
 Official



BILLING CARD

Patient Name MR. Mallanayakkar

D.O.A. 15/6/24

IP No. 2PE 202400012

Room No. ICU

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/6/24	5.00 PM	EMR	ICU	<i>[Signature]</i>
03/7/24	1 PM	ICU	ward	<i>[Signature]</i>

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Date :	OT No. :
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OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

5/7/24 Wreck, Cerebral ind

[illegible]

CBG

①
①

PHYSIOTHERAPY

NEBULIZER

8

