BILLING CARD

Patient Name Mrs. Amirthaveni D.O.A. 4/7/24 Time 12:30pm

IP No. IPE2024000160

Room No. ICU Rent Per Day 3500 / Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/7/24	10.00AM	Emr	ICU.	Kavipushpa
5/7/24	11.55am	ICU	AMA	Rathna.

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
4/7/24	12PM	5/7/2024	11.55am

INFUSION PUMP

Date	Start	Date	Disconnect

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
4/7/24	CBC, Serum Electrolytes, Serum Cholestramin, Urine comple RBS, Cholesterol, Urea, Creatinine EMMH/MV/DGE:2024007
5/7/24	LFT, Sr. Electrolytes

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

4/7/24	chest x-ray AP. ECG [MMH/MV/DGE2024007099].		
4-/7/24	Chest x-ray., ECG.		

CBG

5/7/24	(1)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. PARTHA SARATHI ANAND	4/7/24 (1)	5/7/24 (1)					

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

Other Procedures : (specify) :-

4/7/2024.

16 size Rylas tube Done.

Pt Stoma wound. Done.

Admission Officer :

Sister In-charge