



## BILLING CARD

Patient Name Mr. VasanthakumarD.O.A. 6/7/24 Time 1:53 AMIP No. 2024000162Room No. ICURent Per Day 3500/-

## TRANSFER DET AILS

| Date   | Time    | From | To    | Sister Signature |
|--------|---------|------|-------|------------------|
| 6/7/24 | 12:25AM | EMR  | ICU   | Bhuvani          |
| 6/7/24 | 9AM     | ICU  | OT    | Pothum.          |
| 6/7/24 | 7:30PM  | OT   | ICU   | Pothum.          |
| 7/7/24 | 9:30AM  | ICU  | Ward. | Pothum.          |

## OPERATION THEA TRE

|                   |                        |                          |           |
|-------------------|------------------------|--------------------------|-----------|
| Date              | : 6/7/24               | OT No.                   | : I       |
| Surgeon           | : DR. Mohan Kumar      | Start Time               | : 1:00 PM |
| Asst. Surgeon     | :                      | End Time                 | : 6 PM    |
| II Asst. Surgeon  | :                      | Dis. Pack                | :         |
| III Asst. Surgeon | :                      | Diathermy                | : ✓       |
| Anaesthetist      | : Dr. Thirumathi       | C-Arm                    | : ✓       |
| OT Nurse          | :                      | Arthroscopy              | :         |
| Name of Surgery   | : ORIF # clavicle 4500 | Laproscopy               | :         |
|                   | : IM Thia Nally - 5000 | Sevoflurane / Isoflurane | :         |
|                   | : 9500                 | Inj. Fentanyl            | : ✓       |
|                   | : ABU T20              | Others                   | :         |

## MONITOR

## INFUSION PUMP

| Date   | Start   | Date   | Disconnect | Date | Start | Date | Disconnect |
|--------|---------|--------|------------|------|-------|------|------------|
| 6/7/24 | 12:25AM | 7/7/24 | 9AM.       |      |       |      |            |
|        |         |        |            |      |       |      |            |
|        |         |        |            |      |       |      |            |
|        |         |        |            |      |       |      |            |
|        |         |        |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date   | Start | Date   | Disconnect |
|------|-------|------|------------|--------|-------|--------|------------|
|      |       |      |            | 6/7/24 | 3AM   | 6/7/24 | 11AM       |
|      |       |      |            | 6/7/24 | 4AM   | 6/7/24 | 12PM       |
|      |       |      |            |        |       |        |            |
|      |       |      |            |        |       |        |            |
|      |       |      |            |        |       |        |            |

## ALPHA BED / SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | 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                                                                  |
|--------|-----------------------------------------------------------------------------|
| 6/7/24 | CBC, RFT, Sr. Electrolytes, RBs, urine R/E, Serology, BTCT, Blood grouping. |

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

6/7/24. CT-brain & facial bone,  
ECG, chest-PA,  
Pelvis AP, Cervical spine AP/Lat,  
① knee AP/Lat, leg AP/Lat  
XRAY ② SHOULDER.  
(ECG)

10/7/24. X-Ray ② shoulder AP  
X-Ray ② leg & knee  
Lumbar → AP  
lat

CBG

CBG

6/7/24 ① + ②  
7/7/24 ①

Date

PHYSIOTHERAPY

09/07/24 ① visit  
10/07/24 ① visit  
11/07/24 ① visit

NEBULIZER

Dressing

NEBULIZER

8/7/24  
10/7/24  
12/7/24

