

**BILLING CARD**Patient Name Mr. RamaranyD.O.A. 10/7/24 Time 12-55 AMIP No. 1PE 2024000176

Room No. _____

Rent Per Day ICU 3500/- per day**TRANSFER DET AILS**Singapore - 1400/- per day

Date	Time	From	To	Sister Signature
10/7/24	12:50 PM	EMR	ICU	<i>[Signature]</i>
10/7/24	4 PM	ICU	ward	<i>[Signature]</i>

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
10/7/24	12:50 AM	10/7/24	11 PM	10/7/24	8 AM	10/7/24	10 PM

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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

LABORATORY

Date	LABORATORY
10/2/24	BMP Routine CBE, Sr. Electrolytes, P2s Onca, Creatinine / Panel [MMH/MV/DUE202400755]
10/7/24	coagulation profile. Urine Complete,
10/7/24	Urinalysis ABG, Trap I, S. Na ⁺
11/7/24	ABG, Sr. Electrolytes.

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

10/9/24 CT - Brain, ECG. ~~Prescribed~~ [MMH/MV/DUIF2024/00755]
 10/7/24 ECG - ②
 10/7/24 ECHO (Bedside)

CBG

CBG

10/7/24 ① + ② + ③
 11/7/24 ⑤ + ⑥
 12/7/24 ⑦

Date

PHYSIOTHERAPY

11/7/24 ① visit

NEBULIZER

NEBULIZER

11/7/24 ⑧ + ⑨
 12/7/24 ⑩

