BILLING CARD

Patient Name Miss: Shobika D.O.A. 07/07/24 Time 3:00 Pm

IP No. IPE2024000167

Room No. ICU Rent Per Day 3500/Perday

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
07/07/24	3Pm	EMR	ICU	AC

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
07/07/24	1:20pm	7/07/24	2:30pm
07/07/24	2:40pm	07/07/24	6.30Pm
7/7/24	6:30pm	08/07/24	2.00 Pm

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
7/07/24	op routin urine RE Sr. electrolytes

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

CBG

9/7/24	(1) +(1)		
8/7/24	(1) +1		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. kannammal	7/07/24 (1)						
Dr. Rahul Prasanth	7/7/24 (1)	8/7/24 (1).	(ICU Doctors)				

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

Other Procedures : (specify) :-

7/07/24 Stomach wash Done (EMR)

08/07/24 : Stomach wash Done (ICU). - 2 times.

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D.O.A - 07/07/24

D.O.D - 08/07/24.

Admission Officer.

Sister In-charge