

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mrs A. SyantheD.O.A. 23/7/24 Time 9:15 pmIP No. 2024000 963Room No. 20Rent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
23/7/24	7:30 pm	Ceasveels	ICU	<i>[Signature]</i>

OPERATION THEATRE

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
23/7/24	7:30 pm	25/7/24	9:30 pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
24/7/24	6 am	24/7/24	11 am

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR CPAP

Date	Start	Date	Disconnect
23/7/24	7:30 pm	24/7/24	6 AM

[illegible]

OT. No. :

Start Time :

End Time :

Dis. Pack :

Diathermy

C-Arm

Arthroscopy :

Laparoscopy :

Sevoflurane / Isoflurane :

Inj. Fentanyl

Others :

LABORATORY

23/7/21 CBC, CRP, LFT, RFT, Sr Electrolytes, BBS, ^{Dimer}ESR, ^{Dimer}Serology. ~~ECG, HbA1c~~ urine complete (9275)

23/11/24 FBS, Electrolyte, ABU, BNP, RFT (9282)

25/7/24. FBS, electrolysis TE/REF C 9324

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

23/7/24 ECG (9282)
 23/7/24 chest x ray (9282)
 24/7/24 CT chest C 9308
 24/7/24 echo (9360)

24/7/24

CBG

CBG

2am (9282)
 1pm (9300)
 9pm (9325)
 2am (9325)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

