BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. K. Sivanantham D.O.A 31/7/24 Time 10:30Am

IP No. 2024000993

Room No. 20 Rent Per Day 4100

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
31/7/24	10:30 am	Casualty	ICU	Sarala

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
31/7/24	11am	2/8/24	2.30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
31/7/24	11am	31/7/24	2pm
31/7/24	10pm	1/8/24	10AM
2/8/24	5am	2/8/24	7am

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect
1/8/24	6pm	2/8/24	2.30pm

VENTILATOR

Date	Start	Date	Disconnect
1/8/24 pap	6pm	2/8/24	5am
vent 2/8/24	7am	2/8/24	2.30pm

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	:

Date	LABORATORY
31/7/24	CBC, RFT, LFT, Sr-electrolytes, RBS, HbA1C, D-Dimer LDH, ESR, Serology, CRP, Urine Complete (20240392)
1/8/24	FBS, Electrolytes (9671)
2/8/24	FBS, Electrolytes, TLC, Hb, Serum procalcitonin, RFT, Blood group (Rh Type, BT, CT, PT, INR, APTT (9722] Abg

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

31/7/24	CT - Brain x-ray chest (20240392) ECG Echo (9659)		
2/8/24	CT chest screening (added) CT brain (9728) Raised		

CBG

31/7/24	CBG - (20240392)		
1pm	(9659)		
9pm	( )		
1/8/24 2am	(9671)		
1pm	(9712)		
9pm	(9722)		
2/8/24 2am	( )		
1pm	( )		

CBG

PHYSIOTHERAPY

Date		
31/07/24	3.30pm. limb physio	(1) 31/7/24 to 2/8/24
01/08/24	10.30Am limb physio	(2) 1/8/24 to 2/8/24
	4.00Pm limb physio	
02/08/24	10.30Am limb physio	
	5.00pm limb physio	

NEBULIZER

NEBULIZER

(Ref :- Madhavan Ambulance 2000)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	31/7/24	1/8/24	2/8/24				
Dr. Ravichandran	31/7/24	2/8/24.					
Dr. Karthik raj	31/7/24	1/8/24	2/8/24.				
Dr Balapravash	31/7/24.						
Dr [illegible]	1/8/24.						

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	Total : 28260/-	
BILL CLEARED :		
RETURNS CHECKED :	Due : 14792/-	

Other Procedures : (specify) :-

31/7/24 catheterization done in casuality
Rylestube insertion done in casuality } [signature] 1/8/24

Intubation Done Dr. Karthikeyan.

2/8/24 = Reintubation done DR. Jamuna

S/d [signature] 2120.

Admission Officer : [signature]

Sister In-charge