

**BILLING CARD**Patient Name Mr. AdaikalanayD.O.A. 24/8/24 Time 9:20 pmIP No. 20240001085Room No. ICURent Per Day 4100/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
24/8/24	9.20pm	ICU	Stright	8/24 Deepika 228
26/8/24	11.30AM	ICU	11nd Floor	V. K. 12/24

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
24/8/24	9.30AM	26/8/24	11.30AM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
24/8/24	9.30pm	25/8/24	5.30AM	24/8/24	11. PM	27/8/24	4am

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

24/8/24 ① ECG (OPPAID - OPRB202404397)
 25/8/24 X-RAY CHEST (10769)
 25/8/24 ② ECG (10769)
 26/8/24 ③ ECG (10793)
 25/8/24 CT Abdomen Screening
 25/8/24 CT Chest (10821)
 26/8/24 Echo (10821)

Added 2 plates

CBG

CBG

24/8/24 8pm (10769) 27/8/24 7pm (0862)
 25/8/24 2am
 1pm (10786) 28/8/24 7am (0862)
 9pm
 2am (10793)
 26/08/24
 1pm-1 (10824)
 7pm-1 (10824)
 27/8/24 7am (10824)
 28/8/24 7am (0862)



Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

INMC

Date	Date
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[illegible]

PHARMACY

AMBULANCE

OT DRUGS REPLACED : V. Jager
BILL CLEARED : No due
RETURNS CHECKED : Tot: - 13757/-

Other Procedures : (specify) :-

24/8/24 = catheterization done in casualty

verified by
B. Flarini
20/8/24.

Admission Officer :

Sister In-charge