BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Nagaraj

IP No. IPB 2024000278

D.O.A. 30/8/24 Time 10.am

Room No. C.U

Rent Per Day 750/ Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/8/24	4.30PM	EMR	Ward	
30/8/24	10PM	Ward	EMR	
31/8/24	1:30PM	EMR	Ward	
02/09/24	7PM	WARD	OT	USHA
02/09/24	10PM	OT	ICU	Thaviya.R
03/09/24	11.30AM	ICU	Ward.	Ikanth.

OPERATION THEATRE

Date : 02/09/24

Surgeon : DR. ARUNNADHILSELVAN

Asst. Surgeon :

II Asst. Surgeon :

III Asst. Surgeon :

Anaesthetist : DR. MAYILVANNAN

OT Nurse : OUTSIDE STAFF

Name of Surgery : ① CME + CVL

OT No. : II ND

Start Time : 7PM

End Time : 10PM

Dis. Pack :

Diathermy : YES

C-Arm :

Arthroscopy :

Laproscopy :

Sevoflurane / Isoflurane : YES

Inj. Fentanyl :

Others :

MONITOR

Date	Start	Date	Disconnect
2/9/24	10:30PM	3/9/24	5pm
3/9/24	5.30PM	4/9/24	11am
05/9/24	9:00pm	06/9/24	3:00AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
05/9/24	9:pm	7/9/24	10PM

SYRINGE PUMP

Date	Start	Date	Disconnect
2/9/24	10:40PM	3/9/24	4AM
3/9/24	6AM	3/9/24	8AM
4/9/24	5PM	4/9/24	11am

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect
2/9/24	10:30PM	3/9/24	5PM
3/9/24	11.30AM	4/9/24	11.30AM

VENTILATOR

Date	Start	Date	Disconnect
2/9/24	10:30PM	3/9/24	6.30AM

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
30/8/24	Surgical Profile M.M.H/MV/Dr.B.D.O....
01/9/24	CBC
2/9/24	ELECTROLYTES.
2/9/24	DBC, Electrolytes, serum cholinesterase
3/9/24	HB Biopsy (outside) lab paid
4/9/24.	S. Electrolytes.
5/9/24.	S. Electrolyes.
	Pus C/S. (Wound).
07/9/24	Sr. Electrolytes

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

30/8/24	ECG. CXR - PA RMH/MV/DGE 20240111:4.
05/9/24	ECG, chest xray RMVU

CBG

2/9/24	(1)		
2/9/24	(1) + 1 + 1		
4/9/24	(1)		

CBG

PHYSIOTHERAPY

Date	
5/9/24	(1) - visit
7/9/24	(1) - visit
8/9/24	(1) - visit.

NEBULIZER

3/9/24	(1) + (1)	10/9/24	1
4/9/24	(1) + (1)		
5/9/24	(1) + (1)		
6/9/24	(1) + (1)		
7/9/24	(1) + 1		
8/9/24	1 + 1		
9/9/24	1 + 1		

Dressing. ~~NEBULIZER~~

5/9/24	(1) + 1	12/9/24	1
6/9/24	(1)		
7/9/24	(1)		
8/9/24	(1) + (1)		
9/9/24	(1) + (1) + (1)		
10/9/24	(1) + (1)		
11/9/24	(1)		

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Panthiumpuzhi	30/8/24 (1)	1/9/24 (1)	3/9/24 (1)	4/9/24 (1)	5/9/24 (1)	6/9/24 (1)	7/9/24 (1)
Dr. Ram Subramaniyan ECHO	30/8/24 (1)						
DR. Arun Nandhi chelvan	30/8/24 (1)	5/9/24 (1)	12/9/24 (1)				
Dr. Rashika. (Acest).	6/9/24 (1)						
Dr. Manikandan	2/9/24 (1)	3/9/24 (1)					
Dr. Mayilvanan	2/9/24 (1)	3/9/24 (1)					
Dr. Rahul pranesh	3/9/24 (1)						
Dr. Emayavaran	3/9/24 (1)	4/9/24 (1)	7/9/24 (1)				

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

Other Procedures : (specify) :-

→ IV line Start at. 10am. (NO Fees)

→ Foley's Catheterization done by Emergency.

→ Blood Transfusion 4 ⊙ done at Emergency (PRBC)

→ PRBC 1 ⊙ transfused @ ICU

Admission Officer :

Sister In-charge

BILLING CARD

Patient Name Mr. Nagaraj. D.O.A. 30/08/24 Time 10 am

IP No. IPE 2024000275

Room No. CTW Rent Per Day 750/Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/9/24	11PM	CTW	G-ward	

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

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

LABORATORY

Date	

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Parthiban.	9/9/24	10/9/24	11/9/24	12/5/24	13/9/24	14/9/24	15/9/24
	(I)	(I)	(I)	(I)	(I)	(I)	(I)

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

Other Procedures : (specify) :-

D.O.A : 30/8/24

D.O.D : 15/9/24.

Admission Officer :

Sister In-charge