

BILLING CARD

Mrs. ESTHER THANGAMANI

69/Female/MIIC202472751

01/09/2024/IPC2024062377

Dr. ARTIII



Patient Name MRS. ESTHER THANGAMANI

D.O.A. 11/9/24 Time 11.16pm

IP No. 2377/24

Rent Per Day 4900/-

Room No. _____

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>03/09/24</u>	OT No. : <u>02</u>
Surgeon : <u>DR. Sangarlingam (MS)</u>	Start Time : <u>3:15pm</u>
I Asst. Surgeon : <u>-</u>	End Time : <u>3:45pm</u>
II Asst. Surgeon : <u>-</u>	Dis. Pack : <u>-</u>
III Asst. Surgeon : <u>-</u>	Diathermy : <u>-</u>
Anaesthetist : <u>DR. Ravi Kumar (AM)</u>	C-Arm : <u>-</u>
OT Nurse : <u>Yogee</u>	Arthroscopy : <u>-</u>
Name of Surgery : <u>Left Toe amputation</u>	Laproscopy : <u>-</u>
<u>Right wound deprement</u>	Sevoflurane / Isoflurane : <u>-</u>
<u>Foot</u>	Inj. Fentanyl : <u>2ml 10ml/Inj. Morphine -</u>
	Others : <u>-</u>

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
<u>11/9/24</u>	<u>11:30pm</u>	<u>7/9/24</u>	<u>7:30pm</u>	<u>-</u>			

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
<u>1/9/24</u>	<u>5pm</u>	<u>2/9/24</u>	<u>10pm</u>	<u>-</u>			
<u>3/9/24</u>	<u>10am</u>	<u>4/9/24</u>	<u>1:30pm</u>	<u>-</u>			
<u>6/9/24</u>	<u>10:30pm</u>	<u>7/9/24</u>	<u>12am</u>	<u>-</u>			

SYRINGE PUMP

ALPHA BED

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
<u>6/9/24</u>	<u>8pm</u>	<u>7/9/24</u>	<u>8pm</u>	<u>4/9/24</u>	<u>1:30pm</u>	<u>6/9/24</u>	<u>10:30pm</u>
				<u>7/9/24</u>	<u>12am</u>	<u>7/9/24</u>	<u>8pm</u>

SCD PUMP

VENTILATOR

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Sankarlingam (MS)	2/9/24	3/9/24	4/9/24	5/9/24	6/9/24	7/9/24	
DR. Suresh Kumar (Cardio)	2/9/24						
DR. Harisharan (neuro)	2/9/24						
DR. Senthil Kumar (uro)	3/9/24						
DR. Mohan (pulmo)	2/9/24	5/9/24					
DR. Nagaraj (Nephro)	3/9/24	5/9/24					
DR. Chennai (MD)	2/9/24	3/9/24	4/9/24	5/9/24	6/9/24	7/9/24	

PHARMACY

AMBULANCE

OT DRUGS REPLACED : R. Thamizh MJC - 138.

BILL CLEARED :

RETURNS CHECKED :

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANSFUSION (BLOOD)

ATTENDER'S HOLDING : Patient Attender stay in R. no: 54
4/9/24 at 10pm

OTHER PROCEDURES : Diet consultation. 7/9/24 at 9 PM

Admission Officer :

Sister In-charge

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
2/9/24	CT-Brain (P)			due.			
2/9/24	Chest Ap 2			due			
1/9/24	ECG 10908.			due			
2/9/24	USG Abd - 0960			due.	DR. Saravanan }		
2/9/24	USG Arterial Doppler (B/H)			due.	" - 1191 }		
2/9/24	X-ray (R) Ankle.			due			
2/9/24	X-ray (L) Foot			due			
2/9/24	Echo - 0960.				DR. Suresh Kumar (Cardio)		
5/9/24	Chest Ap - 1056						
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
1/9/24	1-10908						
2/9/24	1-0960						
3/9/24	1+1-1001						
4/9/24	1+1-1037						
5/9/24	1+1-1084						
6/9/24	1+1-1188						
6/9/24	1-1189						
7/9/24	1-1189						
Date	PHYSIOTHERAPY						
4.9.24	CPT given.						
5.9.24	Kanthiwa physio.						