

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name MR. KUMARESAN. MD.O.A. 12/9/24 Time 10:00IP No. 2024001168Room No. 102Rent Per Day 400**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
12/9/24	10:30	Casualty	5 th Floor ICU	S/n Celen Daw

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
12/9/24	11Am	13/9/24	3pm.				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
12/9/24	3. PM.	12/9/24	5. PM.	2			
12/9/24	7. PM.	12/9/24	10 PM	3			
13/9/24	6am	13/9/24	3 PM.	4			

ALPHA BED / SCD PUMP

CPAP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				12/9/24	11 AM	12/9/24	3. PM.
				12/9/24	5. PM	12/9/24	7. PM.
				12/9/24	10 PM	13/9/24	6am

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Date

LABORATORY

12/10/24 CBC, CRP, PFT, UFT, Sr. Electrolytes, HbA1c, RBC, Urine complete (op paid). (BRKU202402281) op paid
~~12/10/24~~ ~~12/10/24~~ (IP raised)

12/9/24 ABG, BNP (11596)

12/9/24 @ 7pm ABG (11596)

13/9/24 @ 6a FBS, electrolytes, total count (11614)
 ABG (11614)

[illegible]

MML

[illegible]