

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. Kumaresan TD.O.A. 8/10/24 Time 10.50 amIP No. IPKB2024001291Room No. ICURent Per Day 4100/-**TRANSFER DETAILS**

| Date    | Time     | From     | To        | Sister Signature |
|---------|----------|----------|-----------|------------------|
| 8/10/24 | 11:30 AM | Celexalt | ICU       | P. Vinodhini     |
| 9/10/24 | 11:30 AM | ICU      | Ind Floor | 11/10/24         |
|         |          |          |           |                  |
|         |          |          |           |                  |
|         |          |          |           |                  |

**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****INFUSION PUMP**

| Date    | Start   | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|---------|---------|------------|------|-------|------|------------|
| 8/10/24 | 11:30am | 9/10/24 | 11:30 AM   |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |
|         |         |         |            |      |       |      |            |

**OXYGEN****SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date    | Start   | Date    | Disconnect |
|------|-------|------|------------|---------|---------|---------|------------|
|      |       |      |            | 8/10/24 | 11:30am | 9/10/24 | 11:30 AM   |
|      |       |      |            |         |         |         |            |
|      |       |      |            |         |         |         |            |
|      |       |      |            |         |         |         |            |

**ALPHA BED / SCD PUMP****VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |







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

8/10/24 ECG, Echo (2024100453).

8/10/24 chest xray (12156)

CBG

causally

CBG

8/10/24 CBG (96453)

1pm (12145)

9pm (2160)

4pm (12799)

(4)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER



schick

[illegible]

## PHARMACY

OT DRUGS REPLACED : Total : 5859 /-  
BILL CLEARED :  
RETURNS CHECKED : No due.

**AMBULANCE**

Total - 6141  
no die

verified by  
K. Srinivas  
22/4/20

Other Procedures : (specify) :-

8/10/24 Echo screening done by Dr. Ramachandran

10/10/24. CPAP starting time : 8 pm. to 9 pm.

verified by

T. Kowalski

10/10/24 @ 2.30 pm

Admission Officer : B. Nij

Sister In-charge