

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mrs. Indira. DD.O.A. 16/10/24 Time 3.10 pm.IP No. 2024001328Room No. ICURent Per Day 4100**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
16/10/24	3-30PM	Casualty	ICU	Sarala
16/10/24	10:30pm	ICU	2nd floor	Patel

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

Date	Start	Date	Disconnect
16/10/24	3:30pm	16/10/24	10:30pm

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

[illegible]

Date _____

LABORATORY

16/10/24	CBC, RFT, LFT, sr-electrolytes, ESR, LDH, D-Dimer, Serology, HbA1c urine complet, RBS. (DP raised)
16/10/24	Temp - 1 (4/3/24)

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

16/10/24 ECG - (1) (IP raised)
 16/10/24 ECG - (1) (413124)
 16/10/24 Chest X-ray Chest X-ray (413124)
 16/10/24 ECHO TCC (413124)
 17/10/24 ECG - (13133)

CBG

CBG

16/10/24 - CBG - (1) IP raised
 17/10/24 - CBG - (13133)

(2)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

MMC

[illegible]

Verified
AQR

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED

RETURNS CHECKED

PHARMACY

:	Mos. Laysan / sm.
:	Total 6360
:	NO Due.

AMBULANCE

Other Procedures : (specify) :-

Other Procedures : (specify) :-
 16/10/24 catheterization done in casualty.
 16/10/24 Inf Morphine ①^a used.

16/10/24 screening Echo done by Dr. Ramachandran.

Admission Officer :

V. M. [Signature]
Sister In-charge