

Mr. GOVINDASWAMY
 83/Malc/MHM202303071
 29/12/2023/1PM2023001077
Patient Dr. SUPRAJA K
IP No. 
Room No. 1CU

BILLING CARD

D.O.A. 29/12/23 Time 12:10pm

Rent Per Day 7.000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/12/23	1:30pm	FR	ICU	S/N. [Signature]

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

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
29/12/23	1:30pm	05/1/24	2:30pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
11/1/24	12pm	11/1/24	3pm	29/12/23	1:40pm	02/01/24	11am
11/1/24	5pm	11/1/24	10pm	30/12/23	3pm	30/12/23	7pm
21/1/24	6am	5/1/24	2:30pm				

ALPHA BED / SCD PUMP**VENTILATOR NIV**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
30/12/23	8am	5/1/24	2:30pm	29/12/23	2pm	11/1/24	10am
				11/1/24	6pm	11/1/24	12pm
				11/1/24	3pm	11/1/24	5pm
				11/1/24	10pm	02/01/24	6am

3HRS
5HRS2
2
8

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

29/12/23	ECG (3) (A727)		
29/12/23	CXR (B.S) (A728)		
29/12/23	2D Echo (A729) - DR. Kumanavel		
30/12/23	CXR (B.S) (A738)		
31/12/23	CXR (B.S) (A753)		
30/12/23	USG Abdomen (A751) - DR. Ramesh		
31/12/23	ECG (A765)		
01/01/24	CXR (B.S) (0003)		
05/01/24	CXR (B.S) (0064)		

CBG

CBG

29/12/23	4 (A733)		
30/12/23	2 (A746) + 7 (A742)		
31/12/23	3 (A750) + 1 (A765)		
1/1/24	5 (0006) + 1 (0006)		
02/01/24	5 (0005)		
3/1/24	3 (0058) 0005		
4/1/24	2 (0058)		

33

Date

PHYSIOTHERAPY

Dr. 700% per session

2/1/24	11:30 AM 6:30 PM
3/1/24	11:40 AM 6:30 PM
4/1/24	12:00 PM 6:30 PM
5/1/24	11:30 AM

NEBULIZER

NEBULIZER

29/12/23	2 + 2		
30/12/23	4 + 3		
31/12/23	5 + 7 + 3		
01/01/24	5 + 7 + 2		
02/01/24	4		
03/01/24	2 + 2		
04/01/24	2 + 2		

55

05/01/24

