BILLING CARD

Patient Name MR. MURUGESAN P D.O.A. 16/6/24 Time 13:30 PM

IP No. 2024000821

Room No. ICU Rent Per Day 4100

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/6/24	dr. 2:15 PM	casualty	ICU	

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

MONITOR

Date	Start	Date	Disconnect
16/6/24	2.30pm	18/6/24	9.am.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
16/6/24	2.30pm	18/6/24	2am

SYRINGE PUMP

Date	Start	Date	Disconnect
16/6/24	6.pm	18/6/24	9.am.

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
18/6/24	2am	18/6/24	9.am.

36
18/6/24

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

Date	LABORATORY
16/6/24	CBC/RFT/SO.electrolyte, PT/INR/APTT. CERKV2024016446)
16/6/24	LFT (20240790) ABG (20240790)
17/6/24	FBS, Electrolytes, RFT (7909]
18/6/24	FBS, Electrolytes, RFT (7963]

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

16/6/24	ECG, CXR (ERKU2024061646)		

CBG

16/6/24	CBG-① (ERKU2024061646)						
9pm①	7909						
12am①	7909						
1pm①	7943						
9pm①	7962						
2am①	7963						

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna.	16/6/24 1PM IC	16/6/24 1PM IC	17/6/24 10AM IC	17/6/24 1PM. IC			
Dr. Vinoth Kumar	16/6/24 IC	17/6/24 IC					
DR. Sebastian (Pulmonology)	17/6/24 IC						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyaram.	
BILL CLEARED : No due -	
RETURNS CHECKED : Tot: 10869/-	

Other Procedures : (specify) :-

Admission Officer :

Verified by
Sister In-charge