Mrs.SHANTHINI
26/Female/MHM202403205
09/01/2024/IPM2024000019
Patient Dr.INDRANIL BANERJEE
IP No. _____

BILLING CARD

D.O.A. 9/1/24 Time 07:00pm

Room No. ICU

Rent Per Day 7,500

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/1/24	11.15pm	~~ER~~	ICU	SIN. [illegible] ICU.
10/1/24	6.30pm	ICU.	Third Floor.	[illegible] 314

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
9/1/24	11.15pm.	10/1/24	6.30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
pan. 9/1/24	11.30pm.	10/1/24	6.30pm.

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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
9/1/24	CBC, ~~DF~~, ~~APTT~~ (0145)
10/1/24	~~RFT~~, ~~LFT~~ (0154)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
10/1/24	ECG (0155)		
10/1/24	Chest Xray BP (0155)		

CBG			CBG			
9/1/24	1 (0146)					

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Indrani	10/1/24	11/1/23					
Dr priya (ICU)	9/1/24						
Dr. Murugaperum	11/1/24	cash paid					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total sale Amount : 964	
BILL CLEARED : Chaah paid.	
RETURNS CHECKED : 5.49pm. 9/1/2023	

Other Procedures : (specify) :-

Dr. Ryles tube done on 9/1/24 @ ER.

Stomach wash done. on 9/1/24.

RT tube Removed at 10/1/24 6Pm

11/1/24. Krishnan 10.20 am

Admission Officer : 3145

Sister In-charge