15 JAN 2024

MH/ PRINT / 0007 / BILL / FO

Mr.RAVIKUMAR
50/Male/MHV202401025
10/01/2024/IPV2024000019
Dr.RAJA

BILLING CARD

Patient Name ___ D.O.A. 10/01/2024 Time 10:40pm

IP No. ___

Room No. ICU - 1 Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/1/24	10:40pm	ER	ICU 1	

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
10/01/24	10.40pm	15/1/24	5pm.

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

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
11/01/24	CBC, UREA, CREATINE, ELECTROLYTES, RBS (0186)
11/01/24	FBS, PPBS, HbA1C [0192]
12/01/24	LIPID PROFILE [0201]
15/01/24	Na^+, K^+, UREA, CREATININE (0255)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
11/01/24	X-RAY CHEST (0187)		
12/01/24	ECG [0214]		
12/01/24	ECHO CARDIOGRAM (0219]		

CBG				CBG			
11/01/24	1+1						
12/01/24	1+1+1						
13/01/24	1+1+1						
14/01/24	1+1+1						
15/01/24	1+1						

Date	PHYSIOTHERAPY
12/1/24	PHYSIO - EVENING.
13/1/24	PHYSIO - MORNING, physio - Evening.

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. MURUGESAN (NEURO)	11/1/24						
DR. GAYATHIRI MD		12/1/24					
DR. KARTHIKEYAN (CARDIO)		12/01/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

10/01/24

Admission Officer :

Sister In-charge