

D.T 9:am

22/01/24

MH/ PRINT / 0007 / BILL /

**BILLING CARD**Patient Name Mr. Niramal CD.O.A. 22.01.24 Time 7.15amIP No. IPM2024000047Room No. ICURent Per Day 7,500/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
22/1/24	8:30am	ER	ICU	S/N Pechel
23/1/24	5:30pm	ICU - (3)	300 Floor (306)	U. Usha (313/1)

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
22/1/24	8:30am	23/1/24	5:30pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

22/1/24 ECG (0405)
 22/1/24 chest x-ray (0407)
 22/1/24 USG Abdomen (0417) DR. prathinam.

CBG

CBG

22/1/24 CBG (0406) FI (0410)
 23/1/24 1 (0436)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

