

BILLING CARD

Patient Name **Mr. TAMILARASU S**
80 / Male / MHC202404172
27/01/2024 / IPC2024000268
IP No. _____
Room No. _____
Dr. ARTHI

ICU

D.O.A. 27/1/24 Time 11:58 am

Rent Per Day 5700/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

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 : 2ml 10ml/Inj. Morphine	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

OT. No. :

Start Time :

End Time :

Dis. Pack :

Diathermy :

C-Arm :

Arthroscopy

Laparoscopy :

Sevoflurane / Isoflurane :

Inj. Fentanyl :

Others	:
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LABORATORY

07/1/24

CBC, RBS, RFT, LFT, electrolytes, HBAIC, urine complete, urine c/s

2

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

27.1.24 Echo }
 27.1.24 ECG } -1843

Doc. Dr. Rajothaman.

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS