31 JAN 2024

MH/ PRINT / 0007 / BILL / FO

Mr.SANKAR J
41/Male/MHV202401224
28/01/2024/IPV2024000057

BILLING CARD

Patient Name Dr.RAJA D.O.A. 28/01/24 Time 2.00pm

IP No.

Room No. ICU 12 Rent Per Day 3500

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
28/01/24	2.00pm	DIRECT ADMISSION IN ICU 2.		A. Renuthi 0051

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
28/1/24	2.00pm	31/1/24	1.30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
28/1/24	3.00pm	31/1/24	9am.

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
28/01/24	CBC, UREA, CREATININE, ELECTROLYTES (0548)
29/01/24	URINE ROUTINE ANALYSIS [0553]

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
28/01/24	ECG, CHEST PA(X-RAY)		
	CT CHEST, CT BRAIN (0548)		
28/1/24	ECHO SCREENING (0549)		

CBG				CBG			
28/01/24	1+1						
29/01/24	1+1						
30/01/24	1+1+1						
31/01/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
28/01/24	1+1						
29/01/24	1+1+1						
30/01/24	1+1+1+1						
31/01/24	1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. KARTHIKEYAN CARDIO	28/1/24 AT 2.30						
DR. MURUGESAN NEURO	28/1/24 AT 3.45						
Direct Refs							

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge