

08 FEB 2024

MH/ PRINT / 0007 / BILL / FO

**Mr. SRINIVASAN.V**  
85/Male/MHV202401309  
05/02/2024/IPV2024000070

**BILLING CARD**

Patient Name: Dr. PANDIYAN.A D.O.A. 05/02/24 Time 12.56 Am

IP No. 

Room No. Single Room Non Ac -303 Rent Per Day 1400/-

**TRANSFER DET AILS**

| Date   | Time     | From | To   | Sister Signature |
|--------|----------|------|------|------------------|
| 5/2/24 | 12:56 Am | ER   | Ward | J 20 4 0047      |
|        |          |      |      |                  |
|        |          |      |      |                  |
|        |          |      |      |                  |
|        |          |      |      |                  |
|        |          |      |      |                  |

## 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 |
|--------|---------|--------|------------|------|-------|------|------------|
| 5/2/24 | 1:15 Am | 8/2/24 | 9 Am       |      |       |      |            |
|        |         |        |            |      |       |      |            |
|        |         |        |            |      |       |      |            |
|        |         |        |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date   | Start   | Date   | Disconnect | Date | Start | Date | Disconnect |
|--------|---------|--------|------------|------|-------|------|------------|
| 5/2/24 | 1:15 Am | 7/2/24 | 8 Am       |      |       |      |            |
|        |         |        |            |      |       |      |            |
|        |         |        |            |      |       |      |            |
|        |         |        |            |      |       |      |            |
|        |         |        |            |      |       |      |            |

## ALPHA BED / SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | 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 :                   |

[illegible]

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

|        |            |  |  |
|--------|------------|--|--|
| 7/2/24 | ECG (0761) |  |  |
|        |            |  |  |
|        |            |  |  |
|        |            |  |  |
|        |            |  |  |
|        |            |  |  |
|        |            |  |  |
|        |            |  |  |
|        |            |  |  |
|        |            |  |  |

| CBG    |       | CBG |  |
|--------|-------|-----|--|
| 5/2/24 | 1+1+1 |     |  |
| 6/2/24 | 1+1   |     |  |
| 7/2/24 | 1+1   |     |  |
| 8/2/24 | 1     |     |  |
|        |       |     |  |
|        |       |     |  |
|        |       |     |  |
|        |       |     |  |
|        |       |     |  |
|        |       |     |  |

| Date   | PHYSIOTHERAPY                              |
|--------|--------------------------------------------|
| 6/2/24 | Morning - physio                           |
| 7/2/24 | Morning - physio / Evening - physiotherapy |
| 8/2/24 | MORNING physio                             |
|        |                                            |
|        |                                            |
|        |                                            |
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|        |                                            |
|        |                                            |
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|        |                                            |
|        |                                            |
|        |                                            |
|        |                                            |

| NEBULIZER |         | NEBULIZER |  |
|-----------|---------|-----------|--|
| 5/2/24    | 1+1+1+1 |           |  |
| 6/2/24    | 1+1+1+1 |           |  |
|           | 1+1+1   |           |  |
| 7/2/24    | 1+1+1+1 |           |  |
|           | 1+1     |           |  |
| 8/2/24    | 1+1     |           |  |
|           |         |           |  |
|           |         |           |  |
|           |         |           |  |
|           |         |           |  |

