16 FEB 2024

MH/ PRINT / 0007 / BILL / FO

B/O. NEELAMBAL
0/Female/MHV202401340
14/02/2024/IPV2024000107
Dr.(MAJOR) SATHISH KUMAR

BILLING CARD

Patient Name _____ D.O.A. 14/02/24 Time 8.30pm

IP No. _____

Room No. SICU - I Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/02/24	8.30 pm	DIRECT FROM ER	SICU-1	SN 0129
15/2/24	10 am	SICU	WARD 306	SN 0129

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

~~ALPHA BED~~ / ~~SCD PUMP~~ Double Surface Phototherapy VENTILATOR

Date	Start	Date	Disconnect
14/2/24	9pm	16/2/24	10 Am

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

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

CBG			
15/11/24	1		

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR [MRS] SATHISH KUMAR	14/2/24	15/2/24 ~~at 8.30am~~	15/2/24 at 8-30pm	10.20 Am 16/2/24	3.50PM 16/2/24		

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge