



Mr. JAYARAMAN M.S.

76/Malc/MHM202403575

08/02/2024/IPM2024000097

Dr. INDRANIL BANERJEE



Patient Name

IP No. _____

Room No. ICU**BILLING CARD**D.O.A. 8/2/24 Time 2.15 PMRent Per Day 7000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
8/2/24	2.30pm	BR	ICU	S/N. <i>[Signature]</i>

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
8/2/24	2.35pm	9/2/24	2.00pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/2/24	2.35pm	9/2/24	2.00pm	8/2/24	2pm	9/2/24	2.00pm
				8/2/24	11pm	9/2/24	2.00pm

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				9/2/24	9.45pm	9/2/24	2.00pm

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

8/2/24	CXR (0854)		
8/2/24	ECG - (2) (0854)		
8/2/24	2D Echo (0877)	DR - kumaravel (cardio)	
9.2.24	ECG (0873)		
9.2.24	CT Abdomen / CT Chest / CT brain (0878)		

CBG

8/2/24	2 (0861)		
9/2/24	1 (0874)		

CBG

Date

PHYSIOTHERAPY

NEBULIZER

8/2/24	2+		
9/2/24	2+		

NEBULIZER

[illegible]