12 FEB 2024

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

12 FEB 2024

Mr.RAJASEKAR
35/Male/MHV202401378
11/02/2024/IPV2024000092
Dr.RAJA

Patient Name ______ D.O.A. 11/02/24 Time 5:15Pm.

IP No. ______

Room No. ICU/ICU-1 Rent Per Day 3500/—

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/02/24	5.15pm	ER	ICU	R.Nithya/0009

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 :
	Others :

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
11/2/24	5.15pm	13/2/24	10am				

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
11/2/24	5:15pm	11/2/24	10.30pm				
12/2/24	3.30Am	12/2/24	7.30pm				

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	:

Date	LABORATORY

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
11/2/24	ECG (0845)		
12/02/24	Chest x-ray - Bedside (0855)		
12/2/24	CT BRAIN (0860)		

CBG				CBG			
12/2/24	1+1						
13/2/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

Other Procedures : (specify) :-

K. K... Admission Officer : 11/2/24	...0050 Sister In-charge