



Patient Na

IP No.

Room No. TCU-1

MR.NARAYANASAMY.G

74/Male/MHV202401414

14/02/2024/IPV2024000106

Dr. RAJA



BILLING CARD

19 FEB 2024

D.O.A. 14/02/24 Time 5.45 Pm

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/02/24	5.45pm	ER	ICU	S/N C. J. [Signature]
15/02/24	10.45pm	ICU	Intard	M. [Signature]

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
14/2/24	6.10pm	15/02/24	10.30pm				
15/2/24	11pm.	19/02/24	1pm.				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				14/2/24	11.00 pm	15/02/24	9.00 pm

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
14/02/24	6:10 PM	19/02/24	1 PM				

[illegible]

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[illegible]

