15 FEB 2024

MH/ PRINT / 0007 / BILL / FO

Mr.MAHALINGAM
72/Male/MHV202401417
14/02/2024/IPV2024000108
Dr.RAJA

BILLING CARD

15 FEB 2024

Patient Name _____ D.O.A. 14/2/24 Time 11.00pm

IP No. _____

Room No. ICU - I2 Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/02/24	11pm	ER	ICU	SIXI 0128

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
14/02/24	11pm.	15/2/24	11 AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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
14/02/24	CBC, UREA, CREATININE, Sr. ELECTROLYTES (0920)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
14/02/24	CHEST X-RAY (BEDSIDE) (OPD)		

CBG				CBG			
15/2/24	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) :-

Admission Officer : 14/2/24

Sister In-charge 0850