



BILLING CARD

Patient Name Mr. Yogaraj. A.

D.O.A. 15/02/24 Time 10:30am

IP No. IPKB 2024 000260

Room No. ICU

Rent Per Day 4500 /

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/2/24	10:30 AM	General	ICU	R. Vinodhini
15/2/24	2-30 PM	ICU	ICU	SIN Arunag. 2/6

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
15/2/24	10:35 AM	15/2/24	2-30 PM				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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Anaesthetist :	C-Arm :
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	Inj. Fentanyl :
	Others :

Date

LABORATORY

15/2/24 CBC, Rft, Lft, Sr Electrolytes, Bt-vt PT-INR
APTT (202401391)

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

15/2/24 ECG (202401391)
 " Echo (202401391)

CBG

15/2/24 CBG (202401391)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

PHARMACY		AMBULANCE	
OT DRUGS REPLACED	:	total : 3533 /-	
BILL CLEARED	:		
RETURNS CHECKED	:	due : 1687 /-	

Sister In-charge