20 FEB 2024

MH/ PRINT / 0007 / BILL / FO

Mrs.U.HEMA
46/Female/MHV202401488
20/02/2024/IPV2024000119
Dr.D.NIVEDHIDHA

BILLING CARD

Patient Name _____ D.O.A. 20/02/24 Time 5:15 am

IP No. _____

Room No. ICU - 4 Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
20/2/2024	5.15AM	ER	ICU	

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
20/2/24	5.30 am	20/2/2024	3.45pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
20/2/24.	5.30 am.	20/2/24	3.45pm

SYRINGE PUMP

Date	Start	Date	Disconnect
20/2/24	4.45 am	20/2/24	3.45pm
20/2/24	5.30 am	20/2/24	3.45pm
20/2/24	5.40 am	20/2/24	3.45pm
20/2/24	9.20 am	20/2/24	3.45pm

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
20/2/24	5.30 am	20/2/24	3.45pm

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
20/2/24	CBC, urea, creatinine, Electrolytes (1054)
	urine (R) (1068)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
20/2/24	chest x-ray AP. view (1055)		
20/2/24	ECG - (1059)		
20/2/24	ECG (1068)		

CBG				CBG			
20/2/24	T+1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. KARTHIKEYAN	20/2/24 8am						
DR. PANDIYAN (PULMO)	20/2/24 @2.30pm						

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

Other Procedures : (specify) :-

RT INSERTION DONE BY (DM) DCO. ON 20/2/2024 @4.40 pm

Admission Officer :

Sister In-charge