



Mr. TAMIL PULAVAN

35/Male/MHV202401609

26/02/2024/IPV2024000142

Dr. RAJA



Patient Name

IP No.

Room No. ICU-3

BILLING CARD

29 FEB 2024

D.O.A. 26/02/24 Time 6.15 PmRent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/2/24	6.20pm	ER	ICU	<i>[Signature]</i>
27/2/24	7.30pm	ICU	WARD ROOM NO: 318-A'	<i>[Signature]</i>

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
26/2/24	6.20pm	27/2/24	7.30pm

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

[illegible]

LABORATORY

28/2/24 FBS (1274), PPBS (1275), URINE ROUTINE ANALYSIS (1282)

[illegible]