



Mr. ARIVAZHAGAN

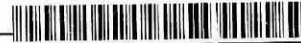
15/Male/MHV202401650

19/02/2024/IPV2024000147

Patient Name

Dr. S. ARTHI GRACE

IP No.

Room No. ICU - 7

BILLING CARD

29 FEB 2024

D.O.A. 29/02/24 Time 2:00pmRent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/2/24	2:00pm	ER	ICU	<i>[Signature]</i> 0135

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
29/2/24	2:00AM	29/2/24	2pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
29/2/24	2:00AM	29/2/24	11:20 ^{am}

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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	Others :

[illegible]

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

29/2/24 ECG (1309)

CBG

CBG

29/2/24

1 + 1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]