



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR . MARIS MURUGAN

D.O.A. 28/8/24 Time 9.16 Pm.

IP No. IPE2024000271

Room No. ICU

Rent Per Day 3500/Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/8/24	9pm	OP	EMR	
28/8/24	9:30pm	EMR	ICU	

OPERATION THEATRE

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
28/08/24	9.30pm	28/08/24	1 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 THEATRE	
Date	OT. No.
Surgeon	Start Time
I Asst. Surgeon	End Time
II Asst. Surgeon	Dis. Pack
III Asst. Surgeon	Diathermy
Anaesthetist	C-Arm
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	Sevoflurane / Isoflurane
	Inj. Fentanyl
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[illegible]

