BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Mari Murugan

D.O.A. 29/08/24 Time 5.40pm

IP No. 2024000274

Room No. ICU

Rent Per Day 3500/Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
29/08/24	6:30pm	ER	~~Ward~~ (ICU)	Srithanya.

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
29/08/24	5:40pm	29/08/24	6.00pm
29/8/24	6:30pm	29/8/24	8.00 PM

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	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
29/08/24	CBC MMH/MN/DME 2024011104

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Poorthee Shetty Anand	29/8/24 ①						
Dr. Rahul Pranesh	29/8/24 ①						
Dr. Manikandan	29/8/24 ①						

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

Other Procedures : (specify) :-

Platlet transfused @ ICU

D.O.A : 29/08/24 5.40PM

D.O.D : 29/08/24 8.40PM

Sign. Asst.

Admission Officer :

Sister In-charge