

08 APR 2024

MH/PRINT/0007/BILL/FO



Mr. KANNIYAPPAN.T

52/Male/MHV202402140

06/04/2024/IPV2024000255

Patient Name: Dr. RAJA

IP No.



Room No. ICU-2

Rent Per Day

3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/4/24	10.30am	ER	ICU	B. M. H. 0006

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
6/4/2024	10.40 ^{am}	8/4/24	10.30 ^{am}				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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

6/1/24 ECG (1990)
 6/2/24 CHEST X-RAY (BEDSIDE) (1990)

CBG

CBG

6/1/24 1
 7/1/24 1+1+1
 8/1/24 1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]