10 APR 2024

BILLING CARD

Mr.MURUGAN S
47/Male/MHV202402184
09/04/2024/IPV2024000268
Dr.RAJA

Patient Name _____ D.O.A. 09/04/24 Time 11.15 pm

IP No. _____

Room No. ICU - 37 Rent Per Day 3,500

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/4/2024	11.10pm	ER	ICU	

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	: 1 Damp - Dcu 50 h
		Others	: Inj. MORPHINE 1 Damp - Dc

MONITOR

Date	Start	Date	Disconnect
9/4/2024	11.15pm	10/4/24	3pm

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
10/4/24	CBC, UREA, CREATININE, GLUCOSE (RANDOM)
	LIPID PROFILE (2064)
10/4/24	TROPONIN I, HIV I & II, HBsAg, HCV, HbA1c
	Blood GROUP & TYPE (2077)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
10/4/24	ECG (2064)		
10/4/24	ECHO CARDIOGRAM Dr. K ARTHIKEYAN BY (2075)		

CBG				CBG			
10/4/24	141						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. KARTHIKEYAN CARDIO (CF 8AM)	10/04/24 (MF 8AM)						

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

Other Procedures : (specify) :-

Admission Officer :	Sister In-charge