

	Mr. RAJASEKAR K 59/Male/MHV202402326 20/04/2024/IPV2024000302		BILLING CARD 22 APR 2024 D.O.A. 20/04/24 Time 12:00pm				
	Patient Name Dr. K. GAYATHRI MD						
IP No. 200 TL		Rent Per Day 2500/-					
TRANSFER DET AILS							
Date	Time	From	To	Sister Signature			
20/04/24	12:00 pm	ICU	ICU	<i>[Signature]</i>			
20/4/24	4:00 pm	ICU	Ward 315	<i>[Signature]</i>			
21/4/24	11:15 am	Ward (315)	Ward (315 AC)	<i>[Signature]</i>			
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				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
20/4/24	12 pm	20/4/24	4 pm				
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][illegible]

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

20/1/24 ECG (2289)
20/4/24 CHEST X RAY (B.S) (2292)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

20/1/24 1+1
21/4/24 1+1+1
22/4/24 1+1

[illegible]