BILLING CARD

Patient Name: Mrs.LALITHA
34/Female/MHE202421102
29/04/2024/IPE2024000050
Dr.PARTHIBAN DURAISAMY

IP No. _____

Room No. _____

D.O.A. 29/4/24 Time 7.21pm

Rent Per Day ICU = 3600/- sharing room: 925/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/4/24	11.00pm	EMR	ICU	
30/4/24	4.00pm	ICU	WARD	

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

Date	Start	Date	Disconnect
29/4/24	11.00pm	30/4/24	4.00pm

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 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	:

Date	LABORATORY
29/4/24	CBC, Urine R/E, Sr. Electrolytes, UPT.

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

29/4/24	Chest x-Ray.

CBG

29/4/24	GRBS - (1)
30/4/24	GRBS - (1)

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Saravanan (EP)	30/4/24	1/5/24 ①					
Dr. Parthasarathy (INTENSIVIST)	30/4/24						
Dr. Parthiban	30/4/24	1/5/24 ①					
Dr. Kannammal	30/4/24						

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

Other Procedures : (specify) :-

Activated charcoal wash ② times

DOA - 29/4/24

DOD - 1/5/24

Admission Officer :

Sister In-charge