BILLING CARD

Mr.PERUMAL.M
77/Male/MHB2024..1127
Date of Reg 02/05/2024 01:53 PM

Patient Name Mr. perumal
IP No. IPE2024000055
Room No. ICU → G.W

D.O.A. 02/5/24 Time 10.58 pm

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/5/24	12 AM	EMR	ICU	
6/5/24	6pm	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
3/5/24	12 AM	6/5/24	6pm.

INFUSION PUMP

Date	Start	Date	Disconnect
3/5/24	12 AM	6/5/24	6 pm.

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

Mr.PERUMAL.M
77/Male/MHE202421127
Date of Reg 02/05/2024 08:59 PM

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
04/05/24	RFT, Sr. Electrolyte
4/5/24	Urine routine
06/05/24	CBC, Bs. Electrolytes.
07/5/24	Urine routine.
~~14/5/24~~	
15/5/24	urine routine, urine c/s.
~~17~~/5/24	FC, CRP.
18/5/24	Hb
2/5/24	Surgical Profile (OP) paid

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

	2/5/24. Xray. Trauma Serious (opaid). CT brain. (Plain)		
3/5/24	CT-BRAIN (followup) X-Ray Pelvis AP		
14/5/24	CT. brain. (plain)		

CBG

3/5/24	GRBS-①		
15/24	GRBS-①		

CBG

PHYSIOTHERAPY

Date	
7/5/24	① visit
8/5/24	① - visit
9/5/24	① - visit
10/5/24	① - visit
11/5/24	① - visit
12/5/24	① - visit
14/5/24	① - visit
18/5/24	①

NEBULIZER

NEBULIZER Dressing

12/5/24	①		

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SARAVANAN [EP]	3/5/24 ①	4/5/24 ①	5/5/24 ①	6/5/24 ①	17/5/24 ①	18/5/24 ①	-
DR. PARTHIBAN [NEURO]	3/5/24 ①	4/5/24	05/05/24 ①	6/5/24 ①	7/5/24 ①	8/5/24 ①	9/5/24 ①
DR. PARTHASARATHI [INTENSIVIST]	3/5/24 ①	4/5/24 ①	6/5/24 ①	6/5/24 ①	7/5/24 ①	8/5/24 ①	10/5/24 ①
DR. GOPINATH		4/5/24 ₹2000 cash paid					
DR Parthiban	~~10/5/24~~ ①	11/5/24 ①	12/5/24 ①	13/5/24 ①	14/5/24 ①	15/5/24 ①	
Dr. Parthasarathy	15/5/24 ①	16/5/24 ①	17/5/24 —	18/5/24 —			
Dr. Kannamal.	3/5/24 ①	4/5/24 ①	5/5/24 ①	6/5/24 ①	7/5/24 ①	8/5/24 ①	9/5/24 ①
	10/5/24 ①	11/5/24 ①	12/5/24	13/5/24 ①	14/5/24 ①	15/5/24 ①	16/5/24
	18/5/24 1						

NO FEES.

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

2/5/24. Ryles tube Done on 2/5/24.
3/5/24. - Echo screening Done ICU. By Dr. Saravanan

Other Procedures : (specify) :- URINARY CATHETERIZATION DONE BY Dr. GOPINATH Sir.

D.O.A: 2/5/24
D.O.D: 18/5/24

Ward S/N
Bhavani

Mr. PERUMAL.M
Male/MHB20..21127
Date Reg 02-05/2024 08:5_ PM

Admission Officer :

S/N. A. Usha
Sister In-charge