

08 MAY 2024

MH/PRINT/0007/BILL/FO



Patient Name

IP No.

Room No. ICU-1

Mr. B. SRINIVASAN

84/Male/MHV202402330

05/05/2024/IPV2024000354

Dr. RAJA



BILLING CARD

08 MAY 2024

D.O.A. 05/05/24 Time 7.45 AM

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/5/24	7.45am	ER	ICU	S/NCO away Selva 0039
7/5/24	9pm	ICU	WARD (317)	m-Aishwya 0025

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

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
05/05/24	8.00am	7/5/24	9pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
05/05/24	10.45am	06/05/24	9.30am				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

05/05/24	CBC, UREA, CREATININE, ELECTROLYTES (2624)
05/05/24	RBC (2605)
05/05/24	WINE ROUTINE (2629), ABG (2656)
6/5/24	SODIUM, POTASSIUM (2651)
7/5/24	CBC, UREA, CREATININE, ELECTROLYTES (2682)

[illegible]

[illegible]